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01149

RPSGB sets out self-care plan for pharmacists

No need to worry over PBC, says Warner

MPs take the oxygen cause to Westminster

Help women to look after their health concerns



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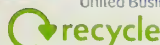
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IT holds contract back until June 4

Scotland's new pharmacy contract has been put back to June after some IT suppliers were found to be unlikely to meet a key deadline this month. But SPGC chair Frank Owens (left) said he was "comfortable" with current progress and welcomed the deadline extension as a chance to prepare for the contract

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IT holds contract back until June

by Gary Paragpuri

The start of Scotland's new pharmacy contract has been put back to June after some IT suppliers were found to be unlikely to meet a key deadline this month.

The contract will now begin on June 1 when pharmacy contractors who are able to provide an electronic minor ailments service (eMAS) can begin patient registrations.

Pharmacy IT suppliers had been given a March 31 deadline for rollout of eMAS-enabled pharmacy systems. But in a joint letter sent to contractors this

week, the Scottish Executive and the SPGC said it was "evident that not all suppliers will be able to roll out to all, and in some cases any, of their supported pharmacies by the due date".

Four IT suppliers have finished eMAS testing, three have started and a further three start testing shortly, according to the letter. Currently 300 pharmacies are ready for eMAS.

The deadline for pharmacists to claim the SEHD's £500 IM&T infrastructure support funding has also been extended to May 15.

The Executive has written to IT suppliers highlighting that the extension provides a "final window

of opportunity" to ensure all systems are eMAS compliant by the deadline. It adds that those pharmacists who are not eMAS enabled by July 1 "will be unable to hold a new contract and provide NHS pharmaceutical services".

SPGC chair Frank Owens said he was "comfortable" with current progress and welcomed the deadline extension as a chance to prepare for the contract.

He said both SEHD and SPGC were keen to ensure the contract rollout remained equitable for all contractors and he urged those contractors who had not arranged an eMAS upgrade to contact their supplier immediately.

Scotland's contract timetable

- March 31: deadline for systems suppliers to complete tests of their eMAS solutions.
- April 1-May 31: contractors to prepare for eMAS through training/NES pharmacy resource packs.
- May 15: deadline for contractors' systems to be eMAS enabled to get £500 grant.

- June 1: eMAS enabled contractors commence patient registrations.

The contract is based on four elements: an acute medication service (AMS), a chronic medication service (CMS), a minor ailment service (MAS) and a public health service (PHS). Implementation will be phased in over a two-year period starting with eMAS and PHS.



Frank Owens said he was "comfortable with progress"

OXYGEN

Tories take on DH over oxygen

A Conservative minister has held the Department of Health to account over its handling of the new home oxygen therapy service.

Shadow health minister John Baron challenged health minister Caroline Flint on her letter to *The Times* newspaper on February 24. This claimed that pharmacists have been able to dispense oxygen cylinders since February 1.

He said: "The government's claim that the new arrangements were always supposed to be phased in over a six-month period is hardly a fair representation of the facts. The contracts with the four regional providers failed to anticipate high levels of demand... GPs did not receive adequate training in completing the new Home Oxygen Order Form. The government's handling of this transfer has been appalling." **AC**

PRACTICE

RPSGB launches self-care guide

A self-care resource pack produced by the Royal Pharmaceutical Society was launched by the primary care tsar this week.

DH national clinical director for primary care David Colin Thomé described the document as key to delivery of the recently published community health White Paper at this week's All-Party Pharmacy Group meeting. More on the RPSGB strategy paper, which aims to maximise pharmacy's role in self-care, is on page 32.

Concerns were voiced at the meeting at how few services are commissioned from pharmacies, giving reasons such as GP resistance, funding issues and the reorganisation of primary care trusts and strategic health

authorities. PCT representatives said they did recognise pharmacy's huge potential, but were frustrated, among other things, by the lack of ring-fenced money for enhanced services under the new contract.

APPG chairman Howard Stoute suggested that practice based commissioning had suffered from not being introduced to GPs at the same time as payment by results. But he said pharmacists needed to be more assertive, and bid for services which could impact on GP targets. An example was reducing casualty admissions; pharmacists were ideally placed to provide a triaging service that could be funded by savings they would make, he suggested. **AF**

SURVEY

Survey reveals oxygen 'disaster'



Pharmacists have described changes to the supply of oxygen as a "disaster", claiming "whoever thought it up should be sacked".

Members of buying group Avicenna were asked about the problems they and patients had encountered since the changes came into force last month. Many of the 38 pharmacists questioned expressed "extreme concern" about the new oxygen service, with patients left "confused and let down".

"It's a disaster from all aspects," one respondent said. "It's an ill-thought-up scheme and patients will suffer. Sack the lot of them, whoever thought this up."

Before oxygen deliveries were taken away from pharmacies, 78 per cent of Avicenna's members delivered oxygen within two hours of an emergency, with most of these offering immediate delivery, according to the survey.

With patients facing delays in delivery from new suppliers, many pharmacies have agreed to continue supplying oxygen. "Patients are not getting deliveries and are being left in the lurch," one pharmacist said. "Our GPs are not happy with the new system and the PCT can't cope. I have been asked to continue supplying oxygen until July."

Salim Jetha, Avicenna's chairman, said he was wary of new delivery services having experience in talking to patients about their concerns, something 75 per cent of Avicenna's members said they did. "In the past, all pharmacy services were provided by pharmacists so it just needed one phone call for medicines and questions," he said.

"Once the service is broken into different components it is going to create a lot of confusion."

"We need a system which is simple, easy to deliver and manage and is less confusing."

See pages 10 and 12 for more oxygen news.

CS



Salim Jetha: "A lot of confusion"

Inbrief

GF online

Pharmacists can now download national gluten-free food prescribing guidelines from a website. The site, supported by Nutricia, contains resources for health professionals and patients.

For more information:

www.glutenfreefood.co.uk

Lansoprazole switch

Lansoprazole 15mg and 30mg capsules have been put into the Drug Tariff's category M with effect from March 1.

Rx endorsements

The DH and the Welsh Assembly have agreed to allow NCSO (no cheaper stock obtainable) endorsements for March prescriptions for: diamorphine 5mg, 100mg and 500mg ampoules and ketoprofen 100mg capsules.

PSNC 2006 reps

PSNC has announced its 15 regional representatives for 2006. The successful candidates in the five contested regions are: Trent region: Garry Myers; NW Thames region: Mahesh Shah; SE Thames region: Dilip Joshi; West Midlands region: Rakesh Panesar; and North Western region: Mark Collins. The remaining nine regions were uncontested.

RPSGB candidates

The Royal Pharmaceutical Society has announced the candidates for this year's election to its Council. The names marked with an asterisk are seeking re-election:

David Carter, Chris Cooper, Brian Curwain, Dorothy Drury*, Andrew Gush, Andrew McCoig*, Pradip Patel, Douglas Simpson*. The two pharmacist Council members not seeking re-election are Shiv Bagga and Bharat Nathwani. Election papers will be distributed later this month.

Free compendium

The latest edition of the *ABPI Medicines Compendium* has been published and is available free to community pharmacists, locums and hospital pharmacists. The book, containing information on 2,370 UK licensed medicines, contains SPCs for POMs, P and OTC products. To request a free copy, follow the medicines compendium link at www.medicines.org.uk, or e-mail compendium@omsg.co.uk



RETAILING

Harrods opens convenience pharmacy next to main store

Harrods has launched an easy access pharmacy to help Knightsbridge locals pick up prescriptions faster.

The 600sq ft pharmacy, run by Farmacia Urban Healing, is part of the London retailer's spin-off Harrods102 'convenience' store at 102 Brompton Road.

Sanjay Bhandari, managing director at Farmacia Urban Healing, said: "It's designed for everyday convenience and will focus on skincare, nutritional products and prescriptions. Harrods wanted somewhere for local residents who didn't want

to queue with tourists in the main store."

The pharmacy includes up to four staff and will open from 9am to 9pm on weekdays, said Mr Bhandari.

Pharmacy customers are also invited to visit the store's oxygen spa bar for an extra health boost. The area offers patients the opportunity to sample a 30 per cent oxygen atmosphere, according to Farmacia. The group runs an own-label products range and three pharmacies including sites in Harrods Knightsbridge store and Selfridges at Oxford Street.



Harrods102 was opened by Mohamed al-Fayed (top) and will feature a pharmacy with an oxygen spa bar (above)

EXCLUSIVE

No GP commissioning panic, says DH chief

Pharmacists have nothing to fear when GPs take control of funds for commissioning community healthcare services, a Department of Health chief has claimed.

Lord Warner called on contractors to "get in the game" when doctors roll out practice-based commissioning (PbC).

In an exclusive interview with *C&D*, Lord Warner, minister of state for NHS delivery, said: "I don't think that GPs sit around and try to do down pharmacy. My experience is that people doing PbC are starting from a position of trying to find service providers

who will benefit local patients."

Lord Warner's comments come after a *C&D* straw poll revealed pharmacists on professional executive committees believed PbC could mean GPs commissioning services in-house instead of through local pharmacy (*C&D*, January 28, p18-19).

Lord Warner, who was speaking at the *HSTs* out of hospital care conference at Earls Court, London this week, said: "Commissioning, I would suggest, is the key and more of it will become practice-based. I can't tell you how many GPs have said

'give us a chance with PbC and we can deliver a patient-led NHS'."

Pharmacists will be well placed to target healthcare to local communities in line with the aims of the government's recent White Paper on health, said Lord Warner.

"The public look to pharmacists for advice on a wide range of health issues. The new contract makes it easier for pharmacists to move away from the dispensing bench."

Lord Warner stressed that the White Paper aims to offer patients "real choices" and "greater control around their own health".

Newsdesk:

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Oxygen cylinder deal may have to wait for some weeks

Oxygen suppliers may have agreed to reimburse pharmacists in full for unused oxygen cylinders, but contractors should expect to be involved in the supply of oxygen for at least the next few weeks, PSNC has said. The warning follows a meeting with the Department of Health.

At the February 28 meeting, the DH told PSNC that a package of measures was now in place to deal with the situation.

As a result, PCTs are to tell community pharmacists that they should not withdraw

cylinders immediately from patients using low volumes of oxygen until they are safely transferred to their new supplier.

According to the Primary Care Contracting website, suppliers have been told to develop a risk register and to plan to manage exit on a geographical basis.

They have also been asked to revise existing transitional plans for the regions, allowing for Easter, weekend discharges, patient holidays and pharmacy closing times.

Commenting on the package,

PSNC chief executive Sue Sharpe said that the next few weeks will be crucial. "Although the situation is slowly beginning to stabilise, there are still serious problems. The Department of Health has emphasised that they and PCT are appreciative of pharmacists' support at this time," she said.

"We would encourage pharmacy oxygen contractors ... to ensure that transfer of patients to the new suppliers proceeds with minimal problems."

AC

See page 12 for more oxygen news.

PRACTICE

Supervision rule change will alter role

Pharmacists will not be able to promote themselves as 'health professionals on the high street' if government plans to allow remote supervision come to fruition, a pharmacy law expert has said.

The way the changes had been outlined in the recent *Health Bill* raised questions about accountability, said Joy Wingfield. The Nottingham University pharmacy law and ethics professor criticised leaving the issue to secondary legislation. "This means it will be thrashed out by civil servants," she warned.

Also speaking at last month's Pharmacists' Defence Association conference, David Reissner of Charles Russell Solicitors agreed that more detail was needed on the proposal to replace "personal control" with a "responsible pharmacist". As regulations were likely to specify the qualifications and experience required of a pharmacist looking to move into the role, it could prevent newly qualified pharmacists becoming pharmacy owners, he suggested.

Allowing pharmacies to operate without a pharmacist on the premises did not necessarily make sense, argued Mr Reissner: "How do you achieve the objectives of the contract and achieve patient safety?"

Failure to keep a record of the responsible pharmacist on duty at all times would constitute a criminal offence and introduce new liabilities, he warned.

PDA chairman Mark Kozioł said there was a danger that staff would be pushed beyond their level of competency which raised patient safety issues.

AF

RPSGB and NPA to fund 'mystery shopper' pilot

The Royal Pharmaceutical Society and the National Pharmacy Association are looking to commission a pilot study to test whether 'mystery shoppers' are an effective way to evaluate how well pharmacies sell OTC medicines.

The pilot, known as the Simulated Patient Project, expects to involve patients making a simulated visit to a pharmacy with a health-related problem. The patient then gives the pharmacist immediate feedback from the consultation so that any counselling/personal training and development needs can be identified.

According to Heidi Wright, head of quality improvement at



Heidi Wright: can patients gain enough information?

the RPSGB, simulated patients have been used successfully in Germany and Australia to help

pharmacy staff identify their CPD needs. "The aim is to see whether simulated patients can gain enough information here to provide immediate feedback."

If the pilot is successful, it will be followed by a larger pilot to determine how well simulated patients change pharmacists' behaviour

Funds of up to £20,000 are available to support the project, which should run from September for a month to six weeks. Applications to run the project close on April 24. The final report is due in early December. National rollout will depend on funding, the RPSGB admits.

CONTRACT

Individual contracts

Pharmacists who do not own pharmacy premises should be able to provide services under an NHS contract, a pharmaceutical public health expert has said.

Traditionally, primary care organisations have commissioned services from pharmacies, rather than pharmacists, said Duncan Jenkins at last month's Pharmacists' Defence Association conference.

But the introduction of medicines use reviews under the new pharmacy contract had marked a shift in accreditation of premises to individuals, he pointed out.

RPSGB

Scheme to 'lead pharmacy'

Pharmacists are being encouraged to "lead across boundaries" as part of an RPSGB scheme.

Pharmacy is lagging behind the NHS in leadership development and pharmacists need to "think and act strategically to take the profession forward", Anne Adams, RPSGB head of professional leadership, said.

Speaking at the *HSJ* Out of Hospital Care conference in London last week, Ms Adams said the RPSGB had created a scheme to generate new learning, improved working and better communication across healthcare.

Pharmacists from across

Calderdale, Huddersfield, Trafford and Eastern Cheshire have been brought together as part of a six month programme to encourage leadership and innovation. The groups have developed six month action plans to tackle local issues such as medication management and risk assessment.

Ms Adams said Council plans to roll the system out among other sectors to help expand the role of pharmacists within the community. "It's very important to develop networks within pharmacy and other networks surrounding us," she said.

CS

Questiontime

This week's question:

What would the reaction be in your pharmacy if you were visited by a 'mystery shopper'?

- Positive – could learn a lot
- Neutral – a single visit is sufficient
- Negative – it's no more than snooping

You have until noon on March 14 to vote at www.dotpharmacy.com. We will publish the results in *C&D* on March 18.

Go Wellman!

Wellman's Mark Foster will be representing Britain at the Commonwealth Games, Melbourne 2006.

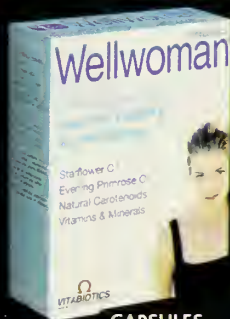
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VITABIOTICS
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CPPE opens up to technicians

The Centre for Postgraduate Pharmacy Education has extended its learning programme to pharmacy technicians.

Registered pharmacy technicians in England will be able to access learning material specially written for them as well as the existing material designed for pharmacists. In future, many more of the CPPE's programmes will be designed to meet the needs of pharmacy technicians and pharmacists together.

Four open learning programmes are currently open to technicians. They cover concordance, dermatology, risk management and wound management. From April, these will be joined by a guide to medicines review, minor ailments, substance misuse and supporting care homes.

In addition, more than 40 courses will be available at over 100 workshops run by local CPPE

tutors in the three months to June.

Commenting on the course content, CPPE director Dr Chris Cutts said: "From April we will have a three year plan which is fine tuned to what the NHS requires."

While about half of the 2,700 pharmacy technicians who have registered with the RPSGB, are in the community sector, CPPE is also responding to the training needs of hospital pharmacy technicians with special 'learning@lunch' training courses.

Pharmacy technicians wishing to access the CPPE learning programme need to have registered with the RPSGB as a practising technician and must be practising in the NHS in England. The CPPEs in Scotland, Wales and Northern Ireland are considering their own arrangements for pharmacy technicians there.

CRG

LEGISLATION

Remote supervision criticised

Proposed changes to pharmacy supervision may lead to a two-tier system, a strategic health authority chairwoman has said.

In areas where it is difficult to recruit staff, such as inner cities and remote rural settings, multiples may be tempted to reduce the number of employee pharmacists, opting instead for remote supervision, Baroness Murphy of Aldgate told the House of Lords during a debate on the *Health Bill*.

The North East London SHA chairwoman said this would result in a two-tier network of well and

poorly-staffed pharmacies.

Baroness Murphy acknowledged the skills of pharmacy dispensers and technicians, but said: "The fact is that they are at their most useful when they work directly with, and are learning from, an expert pharmacist in a close-knit multi-disciplinary team." The prolonged absence of a pharmacist would mean support staff having to make decisions about unexpected incidents that they were not equipped to deal with, and could result in patient harm, she said.

AF

PRACTICE

Conference date

Keith Ridge, pictured right, the DH's newly-appointed chief pharmacist, has been confirmed as the keynote speaker at the Association of Pharmacy Technicians UK's annual conference from April 6 to 9 in Maidstone, Kent.

For more information:

www.aptuk.org



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Professor Terry Turner gave a tour of the Apothecaries Hall Pharmacy of the National Botanical Garden of Wales to mark the official opening of the Welsh Assembly last week. The Hall has a pharmacy with authentic fittings donated by pharmacists across the UK, as well as an Apothecaries Garden containing plants to treat a variety of ailments. Pictured from the left are Raj Aggarwal, community pharmacist and NPA and CPW member; Roy Thomas, CEO; Mrs Sharma; Professor Turner and Kamlesh Sharma, high commissioner of India

PRACTICE

Numark offers members MUR workshops

Numark is to run a series of evening medicines use review workshops at venues across England and Wales.

Starting in May, the events will offer tips on how to conduct an MUR, a group work session to analyse case studies in several therapeutic areas and advice on gaining accreditation.

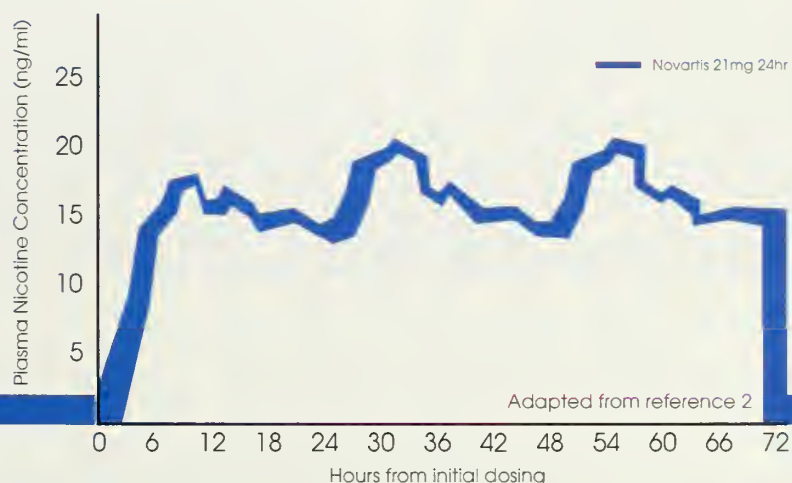
Delegates will receive resource packs to be used in their pharmacy. Numark will also provide a pack to give to GPs.

Mimi Lau, professional services controller at Numark, said: "We recognise that although many independent pharmacists are keen to offer MURs, the practicalities of setting up the service can be overtaken by other daily priorities.

"So, even though we delivered an online toolkit last year, we wanted to follow up with some hands-on sessions to help get members started."

JE

...Nicotinell: a 24-hour patch with a profile to match.



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PROFILE – IT NEEDN'T BE HELL WITH NICOTINELL



Side Effects: Events which may be related to smoking cessation include headache, sleep disturbances, gastro-intestinal disturbances, and myalgia. Nicotine Patches: most common adverse effects are reactions at the application site (usually erythema or pruritus). **Legal Category:** GSL. **Product Licence Nos, Trade Price and Suggested Retail Price:** Nicotinell TTS10 (PL 0030/0107) in packs of 7 patches £9.11, £15.99; Nicotinell TTS20 (PL 0030/0108) in packs of 7 patches £9.40, £16.49; Nicotinell TTS30 (PL 0030/0109) in packs of 7 patches £9.97, £17.49 and 21 patches £24.51, £42.99. PL Holder: Novartis Consumer Health, Horsham, West Sussex RH12 5AB. **Date of Preparation:** November 2005.

References: 1. Ussher M, West R, 2003. Diurnal variations in first lapses to smoking for nicotine patch users. *Hum Psychopharmacol Clin Exp* 18:345-349. 2. Fant RF et al. A pharmacokinetic crossover study to compare the absorption characteristics of three transdermal nicotine patches. *Pharmacol & Biochem Behaviour* 67:479-482. 3. R. West and S. Shiffman. Smoking cessation Fast facts, "Treatments to aid smoking cessation: Cochrane reviews of relevant randomised controlled trials" p57.

Kennedy lets slip that oxygen is 'a shambles'

Horsburgh buy-out

Lancaster Pharmacy has purchased the Edinburgh-based Horsburgh-based chain. The acquisition, for an undisclosed sum, adds seven pharmacies to the Co-operative's total in Scotland to 39. Some 65 Horsburgh staff members will transfer to the chain.

GSK Irvine blast

GSK is currently being investigated by the Health and Safety Executive following an explosion at part of its Irvine plant. The blast took place on March 2 at 7.30am, in the active manufacturing area of the plant.

Production of the antimalarial Malarone and the arthritis drug Relafen have stopped, but the company is confident that it has sufficient stocks to maintain supplies.

Four employees were hurt, and were treated for shock and burns. The cause of the blast is still being investigated.

Linde to buy BOC

Domiciliary oxygen supply firms Linde Gas and BOC Medical are set to join forces as part of an £8.2 billion deal between their parent companies.

German based Linde announced plans to buy BOC this week. BOC said it was "not appropriate at this stage" to discuss how oxygen supply could be affected by the deal, which is subject to approval by EU and US competition authorities.

ETP correction

An ETP article (C&D, February 25, p6) stated that a decision was due imminently on the rollout status of specific pharmacy system suppliers. This should have stated that details of the connectivity providers for community pharmacy were due to be announced.

C&D would also like to clarify that rollout of phase one ETP will allow pharmacies in England, but not Wales, to process electronic scripts by the end of this year.

For more information:

www.connectingforhealth.nhs.uk/eps.

OFT opium ruling

The government must reduce the price of opium derivatives or the market will face scrutiny from competition authorities, the Office of Fair Trading (OFT) has ruled.

UK patients lose over £3 million a year due to restrictive licensing of opium derivatives, used in the production of many medicines, warned the OFT. The decision follows a review of the UK's principal opium derivative supplier MacFarlan Smith Ltd (MSL) by the OFT.

Health minister Jane Kennedy admitted there were lessons to be learned over the "shambles" of the delivery of oxygen cylinders when she came under fire from opposition MPs.

She thanked pharmacists for their help in tackling the problems when the oxygen cylinder issue was raised by Liberal Democrat MP Sandra Gidley in the Commons this week.

"I don't accept that lives are at risk," said Ms Kennedy. "I am aware there have been problems. We are working very hard to address those problems. I anticipate we will get over these problems very rapidly."

Andrew Lansley, Conservative health spokesman, said: "Does the minister not understand this has been a shambles? She says there are many reasons, and no doubt

she will find many people to blame, but the reality is pharmacists were de-stocking oxygen cylinders because they expected contractors to provide them. GPs believed they could send the orders through to the contractors and did not seem to realise they should only do so for repeat prescriptions.

"The net result is the contractors ended up with thousands of orders that they had no means of prioritising or responding to."

He told the house: "It is a shambles", and added that Ms Kennedy should have thanked pharmacists for bailing the DH out in her first answer to Mrs Gidley, not in her second. He also said she should have apologised to GPs for having to cope with the DH's failed administration.

Ms Kennedy replied: "I haven't blamed anybody for the shambles..." There were jeers from Tory MPs at her use of the word 'shambles', which appeared to be a slip of the tongue.

She went on: "I have said there were problems and we are working hard to overcome those problems. Perhaps we should have anticipated that there would be patients who would ring up to enquire about the services on offer. We didn't have the number of telephone lines that could have been available. There are lessons we can learn from that."

She added: "Equally, there have been problems in the amount of detail being given as we changed from prescription style of ordering to a proper order form which required more detail than the GPs provided in the past."



The Pharmacy in Scotland exhibition stand was unveiled at the Labour Party Scottish Conference in Aviemore last month. A joint undertaking by the Royal Pharmaceutical Society's Scottish Department and the Scottish Pharmaceutical General Council, the stand was visited by Andy Kerr, minister for health and community care and his deputy, Lewis Macdonald, as well as key Labour members of the Scottish Parliament's health committee, Duncan McNeill and Helen Eadie. Pictured on the stand are, from the left: Robbie McGregor (SPGC), Martin Green (SPGC), Michael Embrey (SPGC), Dot Anderson (Society's Scottish Executive member), Jack McConnell (First Minister), David Thomson (Council member), Lyndon Braddick (director for the Scottish Department) and Alex MacKinnon (SPGC).

PRACTICE

RoboPharma hosts labelling open week

RoboPharma UK is hosting an open week for pharmacy contractors to demonstrate its RoboLabel pharmacy labelling, printing and checking system.

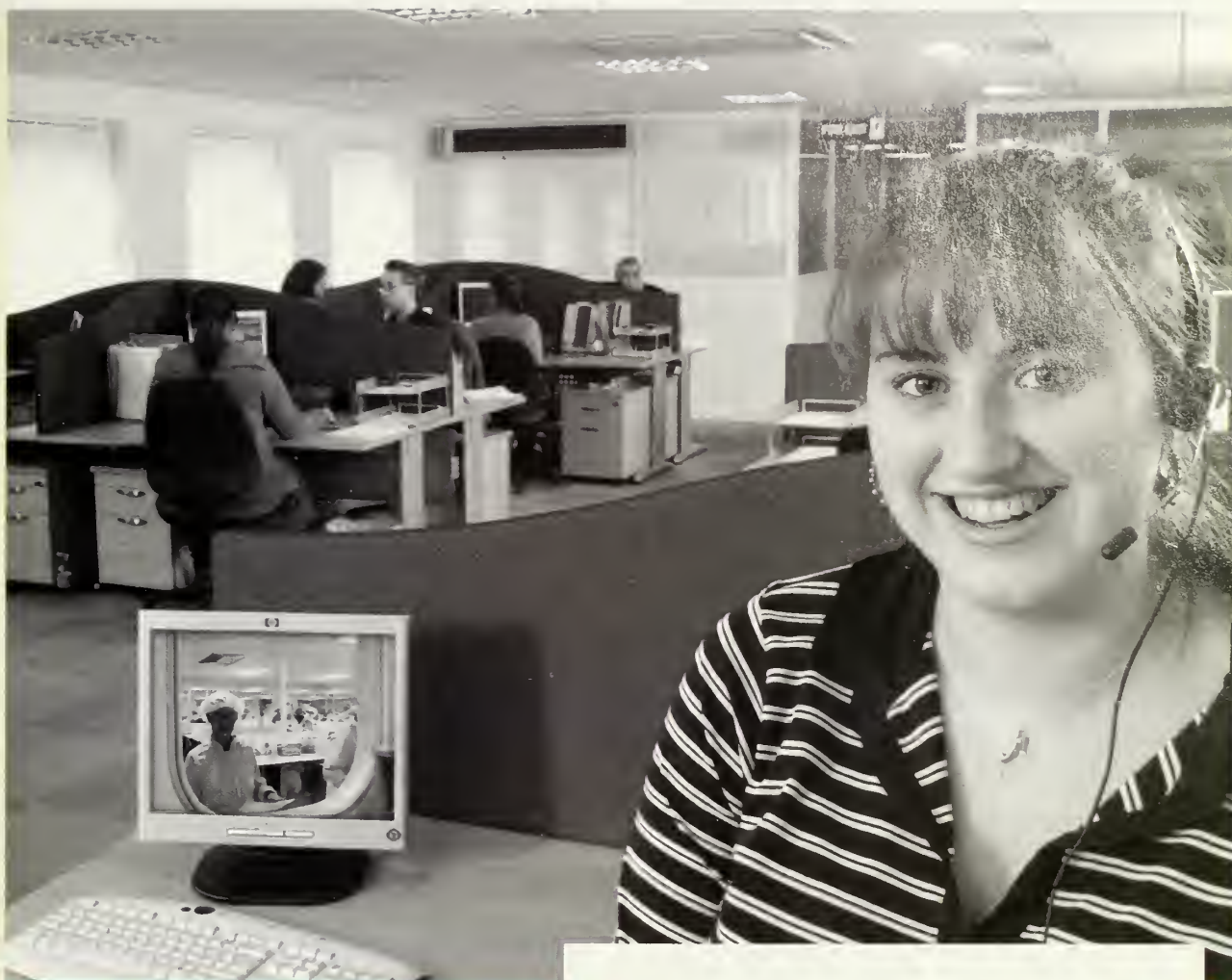
The open week will be held between March 20 and 24, and may precede a national roadshow,

depending on demand. Attending will be Neil Clifford, the company's new UK general manager. Mr Clifford was previously a director for Calomax, a supplier of engineered appliances to the hospital sector.

The RoboLabel system is also being developed to include an interface with Cegedim's Pharmacy Manager system.

Commenting, Neil Clifford said: "This allows us to offer a working product to the Cegedim customer base."

AC



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MPs back oxygen choice

Sandra Gidley MP has vowed to keep up the pressure on the government to reinstate community pharmacists within the new home oxygen supply service.

As *C&D* went to press, the Liberal Democrat MP for Romsey was planning to hold a Parliamentary debate on oxygen yesterday (Friday). This follows a one-on-one briefing with Hampshire & Isle of Wight LPC chief executive officer Mike Holden.

Ms Gidley told *C&D* that a key aim will be to highlight concerns about the poor implementation of service. "The fact is that pharmacists would not have been able to bail the system out if all had gone according to plan. We will also be raising points about the flexibility of local pharmacists and how this is a missed opportunity to combine oxygen supply with medicines management."

Ms Gidley, who is also a pharmacist, has posed a written question to health secretary Patricia Hewitt. She asked what consultation was undertaken with patient organisations before the decision to introduce the new oxygen supply arrangements, and



how much support there was generally for removing the supply from community pharmacy.

In response, health minister Jane Kennedy pointed out that the review of the home oxygen service started in 1999, and that patients' organisations have contributed to the

specification for the new service.

"Access to modern equipment, including portable systems, are important features of the new service," she said.

She believes that the majority of organisations representing healthcare professionals and the NHS are in favour of a single supplier providing all home oxygen needs, replacing the "fragmented service in which community pharmacies deliver the cylinder service and other organisations provide the other services".

Blaming huge orders for non-urgent oxygen for disruption to

the new programme, she reiterated that prompt action has put plans back on course, with close monitoring to ensure that patients receive a reliable service.

In response, Ms Gidley told *C&D*: "If you need oxygen, especially in an emergency, you don't care about how modern the equipment is. The new system is simply not flexible enough to cope with any fluctuations in demand."

"I would also add that if the system is back on course it is only because pharmacists have done their level best to bale it out." **AC**

MPs sign up to oxygen EDM

Sandra Gidley is one of 39 MPs to have signed an early day motion on home oxygen supplies.

Put down on February 27 by Labour MP for Halifax Linda Riordan, the EDM reads: "That this House expresses serious concern at the decision to transfer the delivery of oxygen away from local pharmacies to private companies; regrets that this means the provision will not

be made by these pharmacies, who were community-based and aware of patients' needs; is concerned that the 60,000 people across the country who rely on oxygen will now have to wait longer to receive their supplies; and calls on the government to think again about this decision, as well as resisting any future plans to move away from localised provision of key health services such as these."



Sandra Gidley: one of 39 MPs to express concern

Lee Scott adds voice

Lee Scott, MP for Ilford North, has lobbied health minister Jane Kennedy on behalf of Barry Shooter, of Barry Shooter Pharmacies, in Essex.

In a letter to Mr Scott, Mr Shooter called for pharmacists to continue to dispense prescriptions for acute and emergency supplies of oxygen cylinders and equipment.



Lee Scott has lobbied minister

Health ministers hear pharmacists' oxygen calls

Nia Griffith, MP for Llanelli, has written to Wales's health minister Dr Brian Gibbons, calling for community pharmacists to retain the oxygen supply service. In a letter prompted by a plea from John Davies, from Burry Port Pharmacy, Burry Port, she highlights seven issues of the "utmost urgency" including:

- The cost implications of across the board concentrator supply.

- Additional costs such as emergency fees for deliveries within four hours.
- Inadequacy of the service.
- Reports of incorrect clinical decisions being made.
- Portable cylinder supply.
- The terms of the contract with Air Products.

In her letter, Ms Griffith says she has received reports of incorrect masks being supplied,

and has also heard that supply problems have forced local GPs to call one local pharmacy six times to deliver oxygen.

"The GPs, pharmacists and patients all know each other and know where to find each other. It may be difficult to place sufficient value on that rapport in a commercial analysis, but it is invaluable in safeguarding lives."

Kent MP takes message to Patricia Hewitt

Wealden MP Charles Hendry is to take the oxygen issue to health secretary Patricia Hewitt after receiving a letter from managers at the Uckfield-based pharmacy multiple Waremass Group.

Mark Donaghy, professional development manager for Waremass asks:

- That community pharmacies should be allowed to indefinitely

supply oxygen to patients with the same range of equipment as the suppliers have.

- That any compensation due to the DH from Allied Respiratory should be used to recompense pharmacies for their part in emergency oxygen supply since February 1.

- That the secretary of state apologise to patients who have

suffered because of the transition to the new home oxygen therapy service.

Mr Donaghy also points out that two Waremass pharmacies, one in Western Sussex PCT and one in Luton PCT, are now delivering more oxygen than they did before the oxygen crisis started at the beginning of February.

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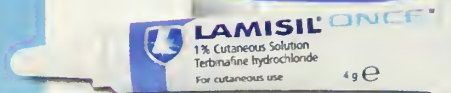
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Would you like
to see
pharmacies able
to supply
oxygen again?

"It shouldn't have
been taken away
from pharmacy, full
stop. I'm half
inclined for us not to
accept it back to
teach government a
lesson"

Steve Barton, Bath

"Give it back to us
in full. We can
provide a better
service than
national firms"

Rajesh Kerai,

Bournemouth

All change south and north

In a week where the NHS in England went through a bit of turbulence it's good to hear something positive from Scotland.

England first. NHS chief executive Sir Nigel Crisp's resignation suggests his acting successor, Sir Ian Carruthers, has been handed a poisoned chalice, what with finances and all that. Fortunately, Sir Ian knows a thing or two about pharmacy: he was instrumental in breaking new ground in pharmacy services back in the late 1990s when chief executive of Dorset Health Authority.

Meanwhile, Scotland is now on course to see elements of its new pharmacy contract introduced formally from June. But with it there are some key messages. For example, pharmacy IT systems suppliers need to have tested their kits by the end of this month if they are to play a role in the new contract. And pharmacy contractors who are not IT enabled to deal with the minor ailment services, eMAS, by July 1, will not be paid – eMAS is a core requirement of the contract.

It's good to see that the Scottish Executive has worked with SPGC to make sure the introduction of the electronically enabled parts of the new contract are introduced equitably. And it's good that the system seems to have been well piloted, avoiding the big bang approach that was taken in England.

South of the border, the Department of Health has demonstrated that even when it had the opportunity to pilot a new service – the home oxygen delivery was initially scheduled to start in the autumn of 2004 – it did not, and the ensuing chaos has just added to the miseries of the civil servants.

How fortunate, then, that the minister in charge told the House of Commons this week: "I have not blamed anyone for the shambles".

**"I have not
blamed anyone
for the
shambles"**

Yourviews

E-mail your views to [chemdrug @ cmpinformation.com](mailto:chemdrug@cmpinformation.com)

FP10 decision amended

The following has been sent in response to the NPA statement on the new oxygen service (C&D, March 4, p4).

Guidance to the transitional period is set out in the service specification and allows for a phased transition from February 1. The new contractors are required to continue to work with stakeholders and outgoing contractors providing a cylinder or concentrator service to implement local service delivery plans. Action taken should include agreement reached on managing the oxygen cylinder supply chain.

Originally, it was expected that community pharmacists would be able to dispense FP10s after February 1 and be reimbursed for

home oxygen provided the prescription was written and dated before February 1.

This would enable patients to continue to obtain their home oxygen from community pharmacists until they needed a new prescription.

This advice was changed early in February following the difficulties that arose in the first few days of the transition, to allow pharmacists to continue to dispense home oxygen against FP10s issued after February 1. This new guidance was issued to PCTs on February 6.

Health minister Caroline Flint's letter to *The Times* on February 20 was written in response to a story that appeared in *The Times* on February 18,

which implied that this guidance was issued on February 17. The letter's intention was to correct this particular point and to reassure patients that oxygen supplies were available.

The Department of Health is actively engaging all the key stakeholders, including PSNC and RPSGB, to plan the next phase of the transfer of patients to the new home oxygen service. It would like again to reiterate thanks to the professionalism shown by community pharmacists in focusing on the continuing care of patients.

Sarah Wrixon,
national communications lead,
HOS (Home Oxygen Service),
NHS PCC.

Our online poll at
www.dotpharmacy.com
said...

Yes **85.2%**

No **14.8%**

HOSPITAL REPORT

Starved of the oxygen of goodwill

It always seems that when a service changes from a small operation to a large one, expected benefits are never fully achieved. The economies of scale are usually there, but the service element is diminished and the personal touch is lost. But the personal touch is often the most appreciated factor by patients and customers. Who hasn't fumed as they are passed from pillar to post by a series of faceless individuals on the end of a telephone? It may be a large utilities company. It may be an insurance firm call centre. The overall impression is of just being another number. With the smaller scale service, though, there is a name; a face; someone who knows your circumstances and can react quickly to your problems.

Service levels appear to have dropped right across the board

It is quite obvious that the new oxygen suppliers have not taken any of that on board. Of course everyone orders replacement supplies at least a week in advance. No one ever leaves it until they have nearly run out. Do they?

Service levels appear to have dropped right across the board. Not only are they not getting it right for patients in the community, their existing hospital customers have noticed increased problems. I cannot remember the last time our weekend order has been fulfilled completely. Cylinder shortages are now the norm and hopefully a rethink on the contract is on the cards.

Written by a senior hospital pharmacist



I have a standard operating procedure for virtually everything that takes place in the pharmacy except visits to the toilet. They have all been read and signed by all staff and then returned to the shelf to gather dust. I have a file for clinical governance paperwork and I have another file for health promotion and they remain largely unopened. I have a form for prescription interventions and one for incident reporting and they both remain blank. There are a hundred bits of CPD in my head just dying to be written down.

This is not to say that I'm not doing any of these things – it's just that I'm not completing the form or referring to the paperwork as I do them. And these are not tasks that can easily be delegated.

Something will have to give in order for me to do this paperwork because, as the PDA has found (*C&D, March 7, p10*), pharmacists are already so busy that they cannot even take a 20 minute break during a nine or 10 hour working day. I must remember to ask the monitoring team how they suggest I fit their paperwork in - shall I close the pharmacy for a few hours, or should I tell my wife I won't be home this week?

Ironically, devoting too much time to this monitoring visit will create yet more paperwork. The longer I spend distracted from my real job by filling in forms about advice, interventions and referrals, the more dispensing errors and customer complaints there will be to record. The monitoring team claim their two hour visit should be "risk neutral" to patients.

This begs the question: what do I normally do during those two hours at work, because I like to think I spend it decreasing patients' risk.

While pharmacists' time for completing this paper mountain is being squeezed out of us completely free, there must be a significant cost to the PCT for all this needless monitoring. Patients would benefit much more from having this money spent on a couple of enhanced services instead of on driving community pharmacists to the verge of a nervous breakdown.

The best place to suffer a fall

An elderly patient fell over in the shop last month, seriously hurting himself, while he was taking his wife on a day out from her nursing home.

So I phoned for an ambulance for him, arranged for someone from the nursing home to collect his wife from their car, moved the car to somewhere it would be safe, and gave the ambulance crew a printout of the patient's medication. When this

patient was discharged from hospital I liaised with the pharmacy department about his medication and now deliver him a Nomad tray every week.

We can all give plenty of examples like this of a special brand of patient care, which is appreciated only by patients themselves. This patient summed it up perfectly when he said: "Lucky I fell over in the pharmacy and not the newsagents or the butchers."

minister

Andrew Gush takes issue with the views expressed by health minister Jane Kennedy in *C&D*

I was interested to read the interview with health minister Jane Kennedy (*Yes, minister C&D*, February 25, p30). It's always good to know that a health minister is talking to *C&D*, but is this minister up to the job?

A previous health minister with the same responsibilities, David Lammy, was always in 'listening' mode, but never got into 'understanding' mode, still less 'doing' mode. The one exception being when he announced the changes to how oxygen would be supplied to patients. He did this not in discussion with pharmacists but in the House of Commons. This created today's fiasco which has caused so much distress to pharmacists and our patients.

Mr Lammy was followed by Rosie Winterton who engaged with pharmacy, championed the cause and things moved forward positively with a new contract and recognition for community pharmacists' public health role. Now we have Jane Kennedy as the minister responsible for pharmacy.

Recently, the All-Party Pharmacy Group had a meeting at Westminster at which Ms Kennedy was the principle guest. Having spoken to several colleagues who were able to attend the meeting I gained the impression that she struggled, apparently side stepping or leaving questions to her officials. As I was not there, I cannot say, but I am left wondering how well she has grasped her brief after being in the post nine months.

It was with this in mind, then, that I read the article in *C&D* with keen interest, as we need an informed minister capable of making the big decisions.

She certainly took a step in the right direction, recognising the value of pharmacy, but it was disappointing that she side stepped the issue of the white paper on care outside of hospitals and the disastrous consequences of reorganised primary care organisations with no guaranteed



pharmacist representation. The minister said it is vital that community pharmacy involves itself fully in primary care trusts' plans for practice based commissioning.

How can we engage

locally if we are not sitting amongst the decision makers? Practice based commissioning is just another name for fund holding. I wish she had confirmed our automatic place inside the loop and how pharmacists will have access to funding for enhanced services within our new contract.

From an 'England' perspective the new contract is not developing. There is no consistent provision to contract for local pharmaceutical services: what we have instead is 'postcode' pharmacy. The reality is that many PCTs are in financial chaos and it's often the case that there's no money to fund new contract implementation groups, never mind funding pharmaceutical needs assessments. The number of PCTs that have not commissioned enhanced services is significant and many have no plans to do so.

There is another circumstance which is all too common: the enhanced service that is scaled down or stopped due to the large patient uptake causing havoc with the inadequate funds made available by the PCTs. This does seem to fit the picture painted by the minister. We were told that she wanted to ensure the government maximises the skills and expertise available, to develop pharmacy's potential for responsive, high quality services, and to integrate it fully with others as an essential part of local primary care provision. I am not normally cynical but is she telling us one thing and doing another or, to be fair, maybe

she simply doesn't understand.

The minister is quoted, saying: "The government is not in the position of simply paying pharmacies to dispense prescriptions. We are very much in the business of paying for convenient, accessible and high quality service – now and in the future."

Note the use of the phrase "very much in the business of". If this is the case, she needs to understand why a rise in profitability either on purchasing or by increasing the dispensing fees still remains crucial to the future viability of many contractors. The answer is that the government has financed the establishment costs of the new contract on the promise of new income streams that have failed to materialise in any substantive manner. Was their trust and belief misplaced?

The advanced MUR service could indeed contribute to patients' general health but what the minister must realise is that patients' expectations will not be

realised until there is an electronic template for communicating the results to GPs plus some recognised incentive for GPs to refer patients and to act on information provided by a review.

It is notable that these points were raised, not by pharmacists, but by Dr Howard Stoate MP who chairs the All-Party Pharmacy Group.

To quote again: "We are very much in the business of paying for convenient, accessible and high quality service – now and in the future." Well. NHS Lift schemes are not going to help you meet this objective. Not until Lift schemes treat pharmacy equitably with other primary care providers on the same site. Lift schemes generally merge surgeries and reduce convenience and access.

They risk the closure of the pharmacies that previously derived their income from the merged surgeries. The effect is to deprive communities of ready access to pharmaceutical care.

When Ms Kennedy reviews the progress of the control of entry exemptions she must remember to relate to other department policies. Of particular concern is the 100 hour exemption. If the *Health Bill* allows pharmacists to leave the pharmacy for periods of time, it will remove a significant barrier and be followed by a rush of applications. If she believes in equity in the provision of healthcare it will be evident that the delicately-balanced pharmacy network must not be further destabilised.

Patients are dying because the Department of Health has failed to understand what community pharmacists do. The current oxygen fiasco resulted directly from the government taking a unilateral decision to place modernisation and cost above quality in the supply of oxygen to patients within our communities without considering the value of the pharmacist in the supply chain.

Paul Davies of Cambrian Alliance captured the mood of pharmacy when he said: "We were fearful that this was going to happen. But it shows that pharmacists are great servants of the nation's health and they are local."

Ms Kennedy may have thanked pharmacists for bailing her out and for putting patients first, but as she reflected and realised, it is all about putting the patient first. In a nutshell, that is what pharmacists do every day.

I have read and re-read her interview and conclude that she has exposed herself as having no strategic grasp or understanding of pharmacy. Patients and pharmacists deserve better. I am afraid it's a case of "No, minister."

Andrew Gush is a community pharmacist from South Wales and has announced his intention to stand for the RPSGB Council.



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MUR top tips

Send us your top tips in conducting medicines use reviews and we will pay £25 if published.

Phil Goddard, pharmacist, Boots The Chemists, Beccles, Suffolk:
Contact your local care homes.

I've contacted local care homes, giving them details about MURs and asking if they have any clients that would be suitable for an MUR. Then, with the PCT's permission, I visit the home and complete several MURs in one session.

Send your top tips to C&D at chemdrug@cmpinformation.com or fax to 01732 367065 and you could win £25.

E-mail your views to

[chemdrug @ cmpinformation.com](mailto:chemdrug@cmpinformation.com)

Response to Xrayser

Writing about C&D's oxygen campaign, *Xrayser* (C&D, March 4, p15) claims that the media interest in the story has been "one of many missed opportunities to champion pharmacists' value to the wider community".

I know that all the pharmacy bodies have engaged fully with the media on this story.

For the RPSGB, our director of practice and quality improvement David Puce was interviewed for *BBC Radio Five Live*, *BBC Radio Cumbria* and *ITV Border* on the day that the news first broke, Friday February 17.

In Wales the Society arranged for community pharmacist Richard Evans to appear on *BBC Cymru* that same day for the main Welsh Language *Nwyddion* news programme.

On Saturday February 18 *The Times* featured a leading news story focusing on the oxygen situation. The Society fully briefed the journalists involved about the issues and the concerns of the pharmacy

profession and the news story that appeared linked to a letter from Hemant Patel, the Society's President, which was published by *The Times*.

Continuing news interest around the problems concerning oxygen supply led to David Puce also appearing on *BBC1 South* and *BBC Radio Solent* on Friday February 24.

Jean-Pierre Moser,
head of corporate communications
and membership,
Royal Pharmaceutical Society of
Great Britain.



BOC takeover will reduce choice

I am fully behind C&D's Choice in Oxygen campaign.

With the impending takeover of BOC by Linde, the choice in oxygen suppliers will be reduced even further.

With a 25 per cent reduction in

oxygen suppliers, the whole contract should be renegotiated. The DH policy of increasing competition and choice is surely flawed on this occasion.

Mark Burdon,
Chester le Street.

Eurax

Skin itch dilemmas

Number 1

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NEXT TOPIC: DRY ECZEMA

...er
...armacy in
...worked for
...of the pharmacy,
...and Amit Pattni
...bought the Healthpoint
...screen system in November 2004.
...an interview given in January 2006
...he talks about the Healthpoint system
...and why community pharmacy ought to
...invest in the system.

Sonichem pharmacy was established in 1983 and is an uncle and nephew partnership. Both Pradip and Amit attended Leicester school of pharmacy and work well together as a team. With two pharmacists in the store the pharmacy is well prepared for the challenges of the new contract and already have a consultation room. They currently offer screening services as well as a smoking cessation clinic at their pharmacy...

What were your initial thoughts about the Healthpoint?

"I clearly remember the day the Healthpoint representative came into the pharmacy. My immediate thoughts were 'another product and another salesman trying to sell us something we did not need or want'. However, as he demonstrated the product I realised the potential of the Healthpoint. Not only would it be of great benefit to our customers but it would also be of great benefit to the staff in our pharmacy."

How exactly does the Healthpoint benefit the customers and staff?

"The Healthpoint gives the customers access to a database that has over 3000 health topics many with still photos and educational videos at the touch of a button. The range of information for patients is breathtaking with subjects as diverse as MRSA, Bird Flu, Magnetic Therapy, DVT, Alcoholism and Glucosamine. All our customers have been impressed with the quality and the depth of the information on the Healthpoint. This is the immediate benefit to customers; for staff it works on a different level. The Healthpoint has given me so much more knowledge and confidence and has changed the way I approach and serve customers. I now use the Healthpoint all the time when I serve our customers both for OTC situations and after dispensing prescriptions. For the latter I always consult our pharmacist before using it."

What features of the Healthpoint do you particularly like?

"The presentation of the information is excellent. It explains each topic in simple but comprehensive detail and emphasises the role the pharmacist can play in helping the patient. The information can be printed-off, free of charge, and given to the patient as an added bonus. The other feature that springs to mind are the videos, especially the one on head lice which I have found enormously useful in educating parents. For our pharmacists the ones on asthma and hypertension have proved very useful."

How do you use the Healthpoint?

"I do not see the Healthpoint as a passive tool. For me, it has become part of the way that I serve our customers. In fact it has become as important as asking the VVHAM questions. We use it constantly with sometimes up to thirty topics a day being printed off. The professional and commercial benefit of free print-offs with your pharmacy address on being given to patients is huge."

Commercial benefit?

"I believe the Healthpoint has paid for itself from day one. It fits in entirely with the service we offer at Sonichem and the training modules, for staff and the pharmacist are excellent. Furthermore, by using the Healthpoint system correctly you will eight times out of ten make an extra sale. Healthpoint gives you the knowledge and the opportunity to provide a holistic approach to your customers."

What else would you like to say?

"In my opinion any pharmacy that takes on the Healthpoint will provide staff and customers with useful and practical information. This leads to a better service and a higher customer satisfaction."

For further information and a free demonstration please call: 0870-011-6008
www.healthpoint-europe.com

healthpoint
TECHNOLOGIES

PAGB PERSPECTIVE

Heated debate over dosage systems

Sheila Kelly, director of the Proprietary Association of Great Britain, says pharmacists should be paid for filling dosage aids

Are we in danger of losing the plot here? Of course we should be alert to the fact that manufacturers won't have carried out stability testing in every possible system and we should encourage patients to keep their dosage aids out of hot steamy places but let's put this in context.

The debate about medicines stability in dosage aids seems to be heating up to the point where pharmacist could get so worried about the stability and liability issues that we throw the baby out with the bathwater.

Before a product gets on to the market the drug has to be stable enough to synthesis and full scale manufacture. This involves withstanding chemical processes involving heat and assault by a whole variety of chemicals. It then has to be stable enough to be stored in bulk in a variety of conditions for many months or years.

As well as testing for toxicology and pharmacology, manufacturers screen the molecules for stability. Isomers that are sensitive to light and heat have to offer exceptional efficacy to make it past this first stage. If the therapeutic dosage range is narrow then the drug usually gets presented in an injection or inhalation form.

When the drug is produced in tablet or capsule form it has to be proven to be stable in the kind of conditions it might meet in any country in the world. That involves simulated storage in facilities which mimic temperatures as high as 45°C and humidity up to 70 per cent.

So let's not get over worried about taking the tablets and capsules out of blister packs and storing them in a box for a week. If people store them on the shelf over the cooker then the tablets or capsules might get a bit soggy or soft but that doesn't necessarily mean the active ingredient has gone.

Monitored dosage aids do have their downsides. They aren't child



resistant and the medicines are separated from their package leaflets so patients and their carers lose the information that the MHRA considers necessary to enable the product to be used safely and effectively.

However, the advantage of making it easier for people to manage multiple medicines regimes far outweighs that. If we remember that being able to manage their medicines is a key marker when elderly people are being assessed for independent living it is obvious that they are here to stay.

But I was amazed to read recently that pharmacists aren't paid extra for assembling the dosage aids. Patients are totally reliant on the boxes having the right medicine in the right slot. They can't check it easily for themselves before they take the medicine and it requires far more work and concentration for the pharmacist than is involved in putting a label on an original pack.

Pharmacists are providing a significant social service here so since the pharmacy contract has moved from a simple fee for dispensing to a service based system perhaps payment for this service is on the PSNC shopping list. That's the issue, not the drug stability.



This article can help in the following CPD competencies: **G1f, G8a, G8f.**

A list is available at

www.uptodate.org.uk/home/PlanRecord.shtml

On the brink of disaster?

Mark Greener describes the increasing problem of fungal resistance

Antibacterial resistance poses a major clinical problem for every hospital and in the management of several community-acquired infections. Indeed, halting the spread of 'super bugs' has become a political, as well as a clinical, priority.

But bacteria are not the only micro-organisms able to evade modern pharmaceuticals. Resistance means that we're also often one step ahead of disaster in the management of diseases caused by some parasites and certain fungi.¹ For example, clinicians need to contend with increasing chloroquine and mefloquine resistance in the malaria parasite *Plasmodium falciparum* and declining susceptibility to some antifungal agents.¹

The number of hospital-acquired fungal infections has increased over the past 50 years, driven by a combination of development strains resistant to antifungal drugs, and the greater number and increased longevity of immunocompromised patients whose immune systems have been compromised by diseases, such as leukaemia or AIDS, or drugs, such as immunosuppressants used following organ transplants.²

Indeed, around a third of oral *Candida albicans* isolates from people with HIV and AIDS are now resistant to azoles. Azole resistance also poses a growing problem in, among other groups, people who receive bone marrow or organ transplants.^{2,3}

Furthermore, there is evidence that dermatophytes (ringworm) can develop resistance to azole antifungals and terbinafine.^{4,5} So how close are we to the

brink of the demise of another antimicrobial miracle?

A successful kingdom

Fungi comprise one of the five biological kingdoms, along with animals, plants, prokaryotes (monera) and protista (eukaryotic microbes). Broadly, mycologists divide fungi into moulds (also called filamentous or mycelia fungi) and yeasts.⁶ Fungi belonging to the genera *Microsporum* or *Trichophyton* are filamentous fungi, while *Cryptococcus neoformans* and *Candida albicans* are yeasts.

The diversity of fungal life is remarkable: from the mould on rotting fruit to the dermatophytes that cause ringworm, to the toxic *Amanita muscaria* (fly agaric), which gave its name to muscarinic receptors, and to the Périgord black truffles in *pâté de foie gras*. A yeast can be as small as two micrometers – you could fit 25 across the diameter of a human hair – or as large as a honey mushroom (*Armillaria ostoyae*).⁶ One example of *A. ostoyae* in the Malheur National Forest in Oregon is 3.5 miles across and covers 2,200 acres – equivalent to about 1,200 football pitches – making it the world's largest organism. The world's second largest organism is another massive honey mushroom.

This diversity allows fungi to exploit a wide range of habitats, from the forest floor to the human nail, and makes them both our friends and foes. We have used fungi to enhance our lives for millennia: as culinary delicacies, in brewing and baking, in medicine and as aphrodisiacs. But fungi also cause potentially deadly



Aspergillus fungus, which usually grows on decomposing organic matter. Inhalation of spores by people with a weakened respiratory system, for example asthmatics or those with cystic fibrosis, leads to an allergic reaction known as aspergillosis

diseases. For example, *C. neoformans*, which can cause serious lung infections and meningitis, is one of the few yeasts that produce an extracellular capsule. This helps the yeast evade the body's immune defences.⁶ As a result, mortality from disseminated *Cryptococcus* can reach 70 to 80 per cent. Treatment with systemic

antifungal agents reduces the death toll to around 12 to 17 per cent.

Immunocompromised patients are especially likely to contract *C. neoformans* and other fungal infections, including *Aspergillus fumigatus*, *A. flavus* and *A. niger*.² *Aspergillus* is normally found on

Continued on page 20



...in, compost
...s' broad
...diseases

...aspe gillosis,
...aspergilloma and
invasive aspergillosis. In the latter,
Aspergillus can invade almost
every organ of the body including
the eye (causing blindness), heart,
lungs, brain and kidneys. Without
effective treatment, invasive
aspergillosis kills between half
and all of those infected.

Infections with *Micrasporium* or
Trichophyton produce tinea pedis
(athlete's foot), tinea corporis
(jock itch), onychomycosis (nail
infection) and the other
ringworms. For example,
T. rubrum and *T. mentagrophytes*
account for more than 90 per cent
of cases of onychomycosis.

C. albicans is another common
cause of fungal disease treated by
community pharmacists. *C.*
albicans normally colonises the
mouth, vagina and intestinal tract,
without causing disease.²

Nevertheless, *Candida* species
cause around 70 per cent of cases
of finger onychomycosis as well as
oral and vaginal thrush. In
immunocompromised patients –
such as those with leukaemia or
AIDS, or following a transplant –
C. albicans can cause invasive
infections of the gastrointestinal
tract, lungs and urinary tract.²
Indeed, up to 90 per cent of
people with AIDS suffer
oropharyngeal candidiasis at
some time.⁷

Antifungal agents and resistance

Many antifungal agents attack the
the semi-permeable fungal plasma
membrane that surrounds the
cytoplasm. For example, polyenes,
such as amphotericin B, bind
tightly to ergosterol, a major
component of fungal plasma
membranes (essentially, ergosterol
performs the same functions in
fungal membranes as cholesterol
does in animal membranes).

As a result, amphotericin B
damages the plasma membrane,
allowing ions to leak out. Azoles
inhibit a cytochrome p450
(CYP51A1) enzyme that is critical
in the production of ergosterol
from its precursors.⁸ Terbinafine
and amorolfine also inhibit
enzymes essential for the
synthesis of fungal membranes,
but at different stages from azoles.
Terbinafine inhibits the enzyme
squalene epoxidase, for example.⁸

Antifungal resistance can
develop through a number of
mechanisms, as three examples of
azole resistance in *C. albicans*



Athlete's foot and other ringworms are common in the community

illustrate. Firstly, mutations in
CYP51A1 can cause resistance.⁷
The mutations may mean that
azoles bind less avidly to the
mutated enzyme compared with
the normal version (wild type).

Secondly, *C. albicans* can
increase expression of transporter
molecules that actively pump
azoles out of the fungi.⁷ Strains of
C. albicans that are genetically
engineered so that they don't
express these transporter
molecules are hypersensitive to
azoles.³ The more transporters
C. albicans expresses the greater
the degree of resistance. Indeed,
85 per cent of a study of
fluconazole-resistant *C. albicans*
strains isolated from HIV-infected
patients were found to over-
express these efflux pumps.³

Finally, heat shock protein 90
(Hsp90) may control the
expression of some resistant
strains. Hsp90 is a chaperone
protein. Proteins need to have a
particular three-dimensional
shape to be biologically active.
Chaperone proteins ensure that
proteins have a particular shape,
but they don't form part of the
final protein. Hsp90 binds to and
stabilises its 'client' proteins
during folding, assembly,
movement and degradation. In
other words, Hsp90 ensures that
the protein's shape is appropriate
for each of these steps, which
ultimately result in the protein
being present at the right place in
the cell, at the right time and with
the right shape.

In many cases, Hsp90 keeps
its client proteins – which may
include mutations – incompletely
folded or aggregated in clumps
and, therefore, inactive. However,
when drugs, mutations or
environmental stress compromise
Hsp90's activity, the client
proteins become active and
many new phenotypes emerge
(phenotype refers to the
organisms' characteristics
that result from expression of
its genes).

In other words, Hsp90 acts as a
genetic capacitor, storing and then
releasing genetic variations that
allow the cell to adapt to
environmental changes.
Furthermore, Hsp90 stabilises
some mutated proteins.⁹

The Hsp90 pathway seems to
be highly conserved throughout
fungal evolution. For example,
Saccharomyces cerevisiae (baker's
yeast) and *C. albicans* are not
particularly closely related. The
fungi emerged from a common
ancestor 800 million years ago.
Nevertheless, in both *S. cerevisiae*
and *C. albicans*, Hsp90 allows
mutations that confer azole
resistance to emerge rapidly. A
study has suggested that Hsp90
and another protein called
calcineurin are essential for
resistance that emerges by
changes to the ergosterol-
producing pathway (calcineurin is
an enzyme that seems to mediate
some of Hsp90's effects).^{1,9}

Hsp90 and calcineurin do not
contribute to resistance mediated

by efflux transporters.¹
Nevertheless, drugs targeting the
Hsp90 pathway might overcome
azole resistance. Such drugs
already exist. The
immunosuppressant drugs
cyclosporin A and FK506
(tacrolimus) inhibit T cell
activation by binding to
calcineurin. Geldanamycin
inhibits Hsp90 and is in a clinical
trial as a potential treatment for
certain cancers as well as
Huntingdon's disease. Treatment
with these drugs can enhance the
effect of fluconazole as well as
preventing, delaying or reversing
azole resistance. The findings
suggest that combination therapy
could overcome azole resistance.¹

Into the community

As the above examples suggest,
fungal resistance is predominately
a hospital problem at present.
Nevertheless, there are concerns
that fungal resistance is beginning
to encroach into the community.
For example, growing awareness
of onychomycosis in recent years
has prompted increased use of
antifungal drugs. Because of the
long treatment courses (typically
24 weeks), many dermatologists
and mycologists watch for signs of
resistance in the common
pathogens. Some of the findings
suggest that resistance is
beginning to emerge.

For example, a Canadian study
analysed the *in vitro* resistance of

Continued on page 22 ►

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February 18

2006

did not

azole or

they did not find a

correlation between clinical

and *in vitro* resistance and they

identified other factors that may

have been responsible for

treatment failure in 17 patients.

Nevertheless, three patients

showed an increase in the

minimum inhibitory

concentration (MIC) for

ketoconazole (the MIC is the

concentration below which fungal

growth does not occur).⁴ The

increase in MIC could be the

first sign that resistance is

beginning to emerge.

Furthermore, in a case

report of a patient with

onychomycosis, terbinafine's MIC

was 4,000-fold higher than

normal and increased during

therapy. Fortunately, the isolates

resistant to terbinafine remained

susceptible to itraconazole,

fluconazole, and griseofulvin.⁵

The resistance probably arose

from the change of a single amino

acid in squalene epoxidase.¹⁰



Dermatophyte resistance is uncommon so there is no pressing need to reconsider the management of ringworm

Currently, dermatophyte resistance is uncommon and there is no pressing need to reconsider management of onychomycosis, athlete's foot and the other ringworms that are common in the community. However, there is no room for complacency. It is

worth remembering that vancomycin resistance in *Staphylococcus aureus* first emerged as a case report in Japan in 1997.² In the meantime, the spread of antifungal resistance offers another sobering reminder of how close we are to the brink of antimicrobial disaster.

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Mark Greener, a former research pharmacologist, is a freelance writer and journalist. He is the author of numerous articles and books on health-related issues.

Scriptlines

Easy-Slide

Credenhill's Easy-Slide, an aid for putting on open toe compression stockings, has been listed in March's *Drug Tariff*, making it available on NHS prescription.

For more information:

Credenhill Ltd

Tel: 0800 195 0650



Jobst Elvarex

BSN Medical has announced that its range of Jobst Elvarex lymphoedema garments has gained *Drug Tariff* listing.

The products are made-to-measure in a flat-knit material that has been designed to aid oedema mobilisation and improve lymph

drainage. The material is also breathable to increase patient comfort and reduce the risk of skin damage.

The range must be ordered directly from BSN Medical by telephoning 0845 122 3600, and will be delivered within five working days. The short lag time ensures the therapist can measure the patient as near as possible to the end of the oedema reduction process, making the fit and performance of the garments more accurate, says BSN.

Hydromol

Alliance Pharmaceuticals has taken over the distribution of Hydromol emollient, ointment and cream. The marketing authorisations will transfer from Ferndale to Alliance at a later date.

For more information:

Alliance Pharmaceuticals Ltd

Tel: 01249 466966

Apidra Optiset

Sanofi-aventis has delayed the launch of Apidra Optiset (insulin glulisine).

The company says it has not been able to guarantee continuity of supply of the disposable prefilled pens, and will announce a

new launch date once the issue has been overcome. Sanofi-aventis originally announced the introduction of Apidra Optiset last month (*C&D*, February 25, p22).

For more information:

Sanofi-aventis

Tel: 01483 505515

Yentreve caps

Lilly has asked to clarify that it is discontinuing the 56 pack of Yentreve 20mg capsules (duloxetine), not the 28 capsule pack as stated in *Scriptlines* on February 18. For further information, please contact Lilly's customer care department on 01256 315999.

Mepore

Mölnlycke Health Care has reported improvements to Mepore and Mepore Ultra.

The manufacturer says that the dressings now feature round corners for better skin adhesion, and a superior wound pad that enables the wearer to keep the same dressing on for longer. In addition, the company says it has developed the outer film layer of Mepore Ultra to provide greater protection against viruses and bacteria, a property that has been

proven in laboratory tests.

Mölnlycke is supporting the improvements it has made to Mepore and Mepore Ultra with an advertising campaign and sampling to healthcare professionals.

For more information:

Mölnlycke Health Care Ltd

Tel: 0800 731 1876

Promazine tabs

Teva has reintroduced promazine 25mg and 50mg to the UK, in packs of 100 tablets.

Last October, the company announced it could not supply the lower strength of the antipsychotic drug due to "raw material supply issues" (*C&D*, October 29, p20).

Pip codes: 25mg 112-7968, 50mg 112-7976

Teva UK Ltd

Tel: 0113 238 0099

Tamsulosin caps

Following the patent expiry of Flomax MR 400mcg capsules this week, four companies – Arrow Generics, Teva UK, Hillcross Pharmaceuticals and Winthrop Pharmaceuticals – have launched generic tamsulosin products.

For more information:

See Pricelist

Calcium cuts risk of pregnancy complications

Calcium supplements have been found to reduce the incidence of pregnancy complications.

Researchers randomised over 8,300 pregnant women with low dietary calcium (<600mg per day) to receive a 1.5g calcium supplement or placebo. Although the incidences of pre-eclampsia were similar, supplemented women suffered significantly less eclampsia, severe gestational hypertension and other severe complications.

Furthermore, women in the calcium group who were under 20 years old were less likely to go into premature labour. Babies



Calcium supplements helped reduce the incidence of eclampsia

born to supplemented mothers also experienced lower rates of neonatal mortality. Published in the *American Journal of Obstetrics and Gynecology*, the study took the form of a

multicentre trial and was conducted under the auspices of the World Health Organization.

For more information:
www.ajog.org

CAM evidence base lacking for children's URTIs

Complementary and alternative remedies should not be used to treat children's upper respiratory infections, a US pharmacy journal has said.

Ohio University researchers reviewed the evidence base for several non-allopathic interventions, including echinacea, Chinese herbal medicines, homeopathic remedies, zinc and ascorbic acid.

Studies were often poorly designed and too small, and data was frequently too conflicting to support the use of CAM in the prevention or treatment of upper respiratory tract infections (URTIs) in children.

The authors concluded: "While CAM may be viewed as a potential alternative or complement to traditional drug therapy, including antibiotics, it is important to recognise the potential adverse effects (such as rash with echinacea) and the fact that most URTIs are viral and resolve without treatment."

"Large randomised controlled trials with adequate sample sizes and power are required before conclusions can be made about the efficacy and safety of various CAM products for preventing or treating URTI in children."

For more information:

Am J Health-Syst Pharm 2006; 63: 33-93

DH dishes out avian flu advice

Advice for people travelling to countries affected by avian flu has been published by the Department of Health.

Available from GP surgeries, health centres, airports and harbours, the leaflet aims to help holidaymakers reduce the risk of exposure to the H5N1 influenza virus. Guidance includes:

- Do not visit bird or poultry farms and markets, and avoid close contact with live or dead poultry.
- Do not eat raw or poorly-cooked poultry products.



- Wash hands frequently with soap and water. It also discusses symptoms of infection, and what to do if infection is suspected.

Chief medical officer Sir Liam Donaldson said the DH was trying to ensure people travelling to areas affected by so-called "bird flu" had up-to-date advice, and understood how the disease was transmitted. So far, H5N1 has been diagnosed in birds in countries in Asia and Europe, but not the UK.

For more information:

www.dh.gov.uk/pandemicflu

Heart disease plus depression poses risk

Drugs may not always be appropriate for coronary artery disease patients who present with depression, US research has said.

Scientists at Duke University Medical Centre analysed data from nearly 200 patients receiving a cardiac angiography and on an antidepressant. During the next three years, over 20 per cent of those on antidepressants died compared to an eighth of patients not taking depression medication.

Despite adjusting for factors including age, gender, smoking history, co-morbidities, depression score and education, patients on antidepressants had a 55 per cent higher risk of dying. Researchers have called for closer monitoring of such patients, and suggested that non-pharmacological treatments for depression, such as exercise, may be more appropriate.

For more information:

www.dukemednews.org

Single dose fluconazole leads to bleeds

Single dose fluconazole may increase the risk of bleeding in warfarin patients, a US study has warned.

Emerging findings have highlighted the risk posed by a single 150mg dose of the antifungal to women stabilised on warfarin therapy for at least six months. A small scale study found that half the subjects experienced a significantly increased prothrombin time, or bleeding that required a decrease in anticoagulant dosing.

For more information:

Obstetrics & Gynecology 2006; 107: 310-313

Digoxin-paroxetine interaction reported

The *Lancet* has reported a case of severe cardiac glycoside toxicity in a patient given a selective serotonin reuptake inhibitor.

A patient on digoxin and warfarin for atrial fibrillation was started on paroxetine treatment when she presented with major depression. Within two days, the patient reported nausea, vomiting

and dizziness, followed by delirium, hallucinations and disorientation two days later. After nine days of SSRI therapy, her digoxin level measured 5.2mcg per litre, well outside the normal range of 0.5 to 2.0mcg per litre.

Warning that the patient's early symptoms of digoxin toxicity were similar to common SSRI

antidepressant side effects, the authors recommend monitoring digoxin levels in any patient started on paroxetine. *In vitro* studies have shown that venlafaxine and citalopram are less likely to interact, so these drugs should be chosen instead, say the authors.

For more information:

Lancet 2006; 367: 788

Weleda's baby bloomers

Weleda's Calendula baby range has been relaunched and extended with four new products.

Sporting orange packaging featuring an orange calendula flower, the new products are now more descriptive. PEP bottles feature click lids, and tubes are made from aluminium rather than plastic to stop air being drawn in.

New to the range are Calendula Cream for facial care, Cream Bath to cleanse without drying, Bath containing extracts of blackthorn berries and thyme for a soothing bedtime bath and Weather Protection Cream to guard against wind and rain and also to treat chapped lips and hands. These join the existing Calendula Oil, Soap, Lotion, Moisturising Body Cream and Nappy Change Cream.

All products in the range are made from natural ingredients including waxes, plant extracts and essential oils, says the company.

Supporting the launch, product sachets are being distributed via the parenting press and special interest titles such as *Allergy* and *vegetarians' Lifescape* magazine



with ads running in parenting titles.

Weleda is organising training seminars for midwives to help educate mums not to wash their newborns too often or with strong detergents which can trigger and irritate dry skin and eczema.

Point of sale materials include a baby booklet with skincare tips and product information, display cubes and interconnecting shelf trays to allow retailers to clip together whichever products from the nine-

strong range they choose to offer.

The spring edition of Weleda's customer magazine with a circulation of over 100,000 is running information about baby skincare and medicines.

Prices, pack sizes and Pip codes:
Cream £4.95, 50ml, 229-0914; **Cream Bath** £5.95, 200ml, 229-0922; **Bath** £6.95, 200ml, 229-0906; **Weather Protection Cream** £3.95, 30ml, 229-0872

Weleda

Tel: 0115 944 8200



Sunny outlook for Phytobronz

Phytobronz Intense has been relaunched by Arkopharma with a new formulation and new packaging. The supplement contains betacarotene and soya isoflavones to prolong a suntan and antioxidants to protect against UV rays. It should be used in conjunction with sunscreens, says Arkopharma.

Supporting the launch, PR activity is running in women's weekly and monthly magazines and in national newspapers including the *Sun*. Floor and window display materials are available and a window display competition offers vouchers and free products.

For more information:

Arkopharma

Tel: 020 8763 1414

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Benylin KEY FACTS

- Over 3.3 million people in the UK will be suffering from respiratory illness this week which is 11% higher than the same week last year
- Plymouth is on alert status
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Further information is available from Pfizer Consumer Healthcare, Walton-on-the-Hill, Surrey. KT20 7NS

Award for Eluage

Anti-ageing treatment Eluage from Eau Thermale Avène has won the *Marie Claire* Prix d'Excellence de la Beauté for 2006. As a result, products will carry the *Marie Claire* Prix d'Excellence logo throughout the year. The award will be publicised in the April and May editions of *Marie Claire* magazine.

Eluage, which was launched last summer, combines hyaluronic acid fragments and retinaldehyde which work synergistically to enhance production and retention of hyaluronic acid in the skin and improve elasticity and firmness, says manufacturer Pierre Fabre. Crème and gel variants are available.



For more information:

Pierre Fabre Dermocosmetique

Tel: 01773 510123

How did you sleep?

Natrasleep, Chefaro's herbal sleep aid, is sponsoring GMTV's Natural Sleep Census.

Aiming to get a snapshot of the UK's sleeping habits, the month-long survey is asking viewers to complete the census online at the GMTV website.

Results will be aired in late March during a Sleep Week special

featuring Dr Hilary Jones.

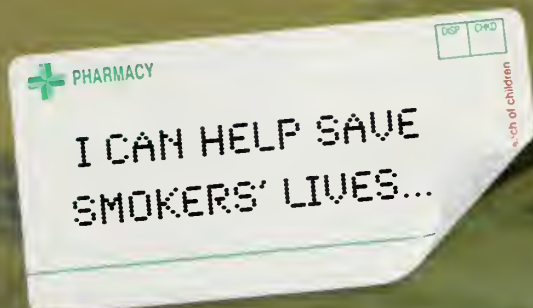
Short Natrasleep ads are being shown on GMTV whenever the census is discussed. Online, ads and product information are available for visitors to the GMTV site.

For more information:

Chefaro

Tel: 01480 421808

www.gm.tv



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NiQuitin CQ 21, 14, 7mg Transdermal Patches, NiQuitin CQ Clear 21, 14, 7mg (nicotine). See SPC for full information. Opaque or transparent transdermal patches 21mg, 14mg, 7mg nicotine (Steps 1, 2, 3) for relief of nicotine withdrawal symptoms during smoking cessation. **Dosage:** Adults; ≥ 10 cigarettes/day, Step 1 for 6 weeks, then Step 2 for 2 weeks, then Step 3 for 2 weeks. < 10 cigarettes/day; Step 2 for 6 weeks then Step 3 for 2 weeks. Apply to fresh site (clean, dry skin) once daily. **Contraindications/precautions:** Hypersensitivity, cardiovascular disease, severe renal/hepatic impairment, hyperthyroidism, diabetes, pheochromocytoma, dermatitis. **Side effects:** Local rash, itching, burning, tingling, numbness, swelling, pain, urticaria, heaviness. Depression, irritability, anxiety, nervousness, restlessness, mood lability, drowsiness, impaired concentration, insomnia, sleep disturbance. Allergic reactions, abnormal dreams, nausea, vomiting, dry mouth, GI disturbance, headache,

dizziness, palpitations, tachycardia, tremor, dyspnoea, pharyngitis, cough, rhinitis, myalgia, sweating, chest pain, fatigue, malaise, flu-like symptoms. See SPC for full details. **Pregnancy/lactation:** Try without nicotine replacement therapy. Medical assessment of risk/benefit if necessary. [GSL] PL 00079/0347, 0346, 0345, 0356, 0355 & 0354. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** All strengths 7 patches £17.49; Step 1 only 14 patches £32.95. **Date of revision:** December 2005.

References: 1. ABC of Smoking Cessation 2004, Blackwell Publishing. 2. TNSG, JAMA, 1991; 266: 3133-3138.



GlaxoSmithKline
Consumer Healthcare

Wraps up gift sector

Male toiletries brand Lynx offers two packs featuring the recently launched Lynx Click variant. The Weekender and the smaller Something for the weekend, sir? both contain mini versions of Click bodyspray, Boost shower gel, a razor, toothbrush and paste packed in a washbag. Cashing in on this year's football world cup, Sure Sport is offering a pack containing special edition St George's cross deodorant and Ultimate shower gel together with a 120cm x 75cm England flag.

For women, Dove has put together a Glowing Touch pack containing summer glow body lotion and softening silk body wash and a Trial & Travel collection of mini Dove bodycare products packed in a waterproof travel bag. Similarly, Impulse has two packs: Feet Treats containing berry crush shaker, pink flip flops and two foot-shaped emery boards and the Impulse Mini collection containing handbag-sized bottles of Thrill, Goddess and Tease fragrances.

Prices: from £2.49 (Impulse mini) to £9.99 (Lynx weekender)

Unilever
Tel: 020 8439 6100



Co-Pharma packs a Punch and Judy

Co-Pharma has acquired the Punch and Judy toothpaste brand from Bayer Healthcare.

Sporting recently redesigned packaging, the paste comes in strawberry and orange flavours. It is sugar-free and contains fluoride to strengthen teeth, says Co-Pharma.

Advertising and PR support is being planned.

For more information:

Herbal Concepts
Tel: 01525 292345



Lloyds' makes a date with mums

Lloydspharmacy is taking on distribution of Emma's Diary pre- and post-natal gift packs from next month.

Previously available from Boots, the packs contain an Emma's Diary book, product samples and information for new mothers.

Claim cards are given out by GPs, midwives and registrars.

Lloyds says 75 per cent of mums receiving Emma's diary packs live within three miles

Lloydspharmacy
Your local health authority



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www.lloydspharmacy.com

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Slim Fast broadens the menu

The Slim Fast weight loss brand is being relaunched and extended with new products at a cost of £6.5 million by Unilever.

Red packaging gives the brand a fresh and modern image, says the manufacturer. New to the range are fruit smoothies, wet soups and a selection of snacks. The Real Fruit Smoothies, a first for the weight loss sector says Unilever, contain

30 per cent fruit and come in three flavours: raspberry, forest fruits and peach and mango. New snacks include Fruit and Nut Snack Bars and Savoury Snacks, both in two varieties. The wet soups, which contain pieces of meat and vegetable, are in pouches and

come in cream of chicken and mushroom, tomato and bean and chicken and vegetable varieties.

TV advertising begins in May.

Prices: from 49p (snacks) to £3.49 (smoothie three pack)

Unilever UK Foods
Tel: 01293 648000



Ready, steady, glow

Summer Glow body lotion is the latest addition to the Dove skincare range. Designed for daily moisturising and containing self-tanning agents, the lotion gives skin a lightly tanned appearance after five days' use.

Kicking off this week, a £4 million outdoor and television advertising campaign is supporting the launch. Building on the Real Woman campaign, the ad features tanned women wearing black

underwear and will be seen on terrestrial and satellite channels.

According to Dove, tanning moisturisers make up one of the fastest growing segments of the bodycare category, with 13.9 per cent growth in the past year.

Two variants are available: fair to normal and normal to darker skin.

Price: £4.99

Pack size: 250ml

Pip code: fair to normal 319-3158; normal to darker 319-3166

Unilever

Tel: 020 8439 6100

Inbrief

Ceuta for Peri

Oral healthcare company Periproducts has appointed Ceuta Healthcare as its lead UK sales agency.

Periproducts, whose products include the RetarDEX range, says it is aiming to widen its customer base and intends to target independent pharmacies, including those in Northern Ireland.

For more information:

Ceuta Healthcare
Tel: 01202 780558

Dimpled centre

Triple velvet toilet paper has been launched by SCA Hygiene.

Featuring a dimpled middle layer, the paper offers softness, strength and absorbency, says SCA. The launch coincides with the introduction of the company's 'Baby MD' icon. National TV advertising is ongoing featuring the baby dressed in business clothing running the Velvet factory.

Price: from £1.89 for four

SCA Hygiene, tel: 01582 677400

TV next week

Abbott Diabetes Care: Freestyle Mini: five, GMTV, Sat

Anadin Extra: All areas

Bassett's Soft & Chewy Omega 3 Vitamins: A, GMTV, Sat

Buscopan IBS Relief: C4, Sat

Canesten Duo: All areas

Cura-Heat Arthritis Pain: All areas except GMTV, Sat

Cura-Heat Back Pain: All areas except GMTV, Sat

Dulcolax: C4, GMTV, Sat

Just for Men: All areas

Nicorette: All areas except GMTV

Seven Seas Cod Liver Oil: Sat

Seven Seas Joint Care: All areas except C4

TENA Pants: All areas

Vagisil: All areas

PharmaSite for next week: Zovirax – Windows, Thornton & Ross –
Fluconazole – In-store Thermacare – Dispensary

Pharmacy channel: Smartcells, National Osteoporosis Society

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Eurax Skin itch dilemmas

Number 2

Dry Eczema

Q A customer has developed patches of itchy dry skin around his knees and elbows in the last few weeks. The skin appears flaky over the top of red inflamed areas. He is finding it irritating and uncomfortable

A This is probably dry eczema.

- Eczema is a general term used to describe various itchy skin conditions and it can be a both uncomfortable and frustrating.
- The natural reaction is to scratch but this just makes things worse. If left untreated, the skin may become more inflamed and then crack which could lead to infection.
- The application of a cream or lotion can help to break the itch-scratch-itch cycle; prevent the skin drying further and soothe the inflamed area.

Recommend Eurax cream to deliver the sssh factor

- Stop the itch
- Soothe the discomfort
- Sustain the effect
- Hydrate the skin



Why Eurax

Crotamiton 10%

- Only treatment to contain crotamiton - gets to work quickly and effectively to soothe and moisturise
- Up to 10 hours relief
- Tried and trusted – No 1 in the anti-itch market. IRI HBA All Outlets 52 w/e 26 November 2005.
- Pleasant to use and easily absorbed

Eurax can relieve a wide range of winter skin irritations: Dry eczema; dermatitis; allergic rashes; personal itching; Chickenpox

Legal category: GSL.

For more information contact the PL holder: Novartis Consumer Health, Horsham, RH12 5AB

NEXT TOPIC: ITCHY DERMATITIS



This edition can help in the following CPD competencies: G1m, G1v, G1a, C1f, C2b, TC1, TC4. A list is available at www.uptodate.org.uk/home/PlanRecord.shtml

Sister savvy

Caroline Stocks asks women's health organisations how pharmacists should offer their help

Women's Health Concern

Offers unbiased advice on women's health issues. It provides confidential counselling and advice via internet and e-mail, as well as free factsheets on conditions including endometriosis, PMS and sexually transmitted infections.

What kind of advice and information can pharmacies offer?

Many women will have researched products on the internet and will be coming to buy whatever has been recommended, which is not always suitable, so pharmacists should know what is, and learn about complementary therapies and alternative treatments. Also, women are not always satisfied with what their doctor has told them and want a second opinion.

Pharmacists could offer counselling about health scares, encouraging women to talk to their GP and offering facts and figures.

Are there any services you would like pharmacies to offer?

They could promote Women's Health Concern – our helpline nurses are qualified gynaecological and menopause specialists.

How can pharmacies raise awareness about women's health issues?

By displaying posters and leaflets and linking into a WHC awareness campaign. By advertising their support women will approach pharmacists for advice.

www.womens-health-concern.org
Nurse counsellors tel: 0845 123 2319 (Monday to Friday business hours)

The Menopause Exchange

Offers up-to-date information on issues affecting women in their midlife and at the menopause. It provides subscribers with a quarterly newsletter and an information service, with advice from doctors, pharmacists and complementary therapists.

What advice and information can pharmacists offer?

Information on menopausal symptoms, HRT prescription drugs, alternatives to HRT and complementary therapies. In addition, provide printed, unbiased information like factsheets and leaflets, and talks. This will also help raise awareness about the menopause.

How should pharmacists approach women?

Pharmacists can't just approach women about the menopause. The average age is 51 and a younger woman may be upset if she thinks that the pharmacist thinks she is older than she is. However, if a woman is looking at phytoestrogen products on the shelf, a pharmacist could offer advice.

What should pharmacists understand about what women are going through?

The symptoms of menopause, both physical such as hot flushes and night sweats, and psychological such as mood swings.

They also need to understand HRT is a difficult topic for some women to understand and should be aware of the range of HRT products and their side effects.

Many women who do not want to or cannot take HRT are confused by OTC products, so

Continued on page 30 ►

Other organisations

The British Menopause Society is dedicated to increasing awareness of post-menopausal healthcare issues. Factsheets include complementary therapies and alternatives to HRT. Membership is open to pharmacists for £65 a year.
Tel: 01628 890199.
www.the-bms.org.

Menopause Matters is an independent, clinician-led website providing information

about menopausal symptoms and treatment options. There is a list of frequently asked questions and a discussion forum.
www.menopausematters.co.uk

The Natural Menopause Advice Service provides information for women interested in dealing with the menopause in a natural way. The website has factsheets about the pros and cons of HRT and natural alternatives.
www.nmas.org.uk, info@nmas.org.uk

Could you give someone an extra helping?



You can help the elderly avoid malnutrition and stay fit for life

Malnutrition is headline news. In a recent report, 1 in 10 of the over 65s in the community and 6 in 10 of those admitted to hospital were affected.^{1,2} The elderly are particularly at risk, because of problems like loss of appetite or lack of self-care.

It's not just their energy and vitality that suffer. Malnutrition can impair mood, mobility, organ functions, immunity, wound healing and recovery from illness or surgery. NICE has issued urgent advice about identifying people at risk,² but you can also do something to help – by recommending Complan.

Complan, taken as a food supplement, offers a simple way to help your elderly customers get the balanced nutrition they need to stay healthy. Every serving of Complan provides 250 kcal, with 9g of protein and 35g of carbohydrate. It also contains 50% of the RDA of 11 essential vitamins and up to 40% of the RDA of 6 essential minerals. The Complan range includes drinks, soups and cereal, to make it easy for customers to find appetising options that fit into their daily routine.

So why not give the elderly an extra helping of advice about avoiding malnutrition. Recommend Complan and help them stay healthy, active and fit for life.

Complan®

A healthy boost to nutrition



For more information about malnutrition visit www.complanfoods.com

References: 1. BAPEN (the British Association for Parenteral and Enteral Nutrition) Report December 2005. www.bapen.org.uk 2. NICE (National Institute for Health and Clinical Excellence) Report 21 February 2006. www.nice.org.uk

provides information, practical assistance and emotional support for anyone affected by breast cancer. The charity runs a free helpline and offers a wide range of booklets, factsheets and posters for the public and health professionals.

They should display information around breast awareness, including data on the NHS Breast Screening Service for women over 50. It would also be good to see this information available in languages other than English.

During Breast Cancer Awareness Month in October it would be good to see a more proactive approach from pharmacists, with more information and advice available.

There is also a role for pharmacists to provide information and advice in other areas such as common benign conditions like breast pain and more practical advice such as wearing well-fitting bras, diet advice and the use of evening primrose oil.

Helpline: 0808 800 6000 (Monday to Friday
9am-5pm, Saturday 9am-2pm)

is a support group for women suffering from premature menopause. Volunteers who have suffered premature menopause act as networkers to take members' calls. Factsheets are available to members and non-members.

Where space permits, the prescription waiting area is an ideal place to stock up-to-date literature from drug companies, charities and support groups.

Women generally appreciate a low key, discreet approach. A common complaint from our young members is that they hand in a prescription for HRT having gone



What should pharmacists understand about what women are going through?

Our members often have very mixed feelings about having to take HRT and may be feeling nervous or defensive as they approach the counter. Awareness of this on the pharmacist's part is helpful to us.

While some are veterans of HRT and may have taken it for 20 years by the time they are in their mid 30s, others may require gentle guidance. Patients will be acutely aware of being within earshot of others, though.

Pharmacists may also need to be aware that, while menopausal women require HRT to protect themselves from heart disease and osteoporosis, they will automatically be charged double for their prescription despite needing both oestrogen and progesterone to make any sense of

The National Osteoporosis Society

Is a national charity dedicated to improving diagnosis, treatment and prevention of osteoporosis. The website features information for sufferers and healthcare professionals, as well as access to publications for members.

The NOS receives many enquiries from people who are confused about how to take the treatments and don't want to 'bother' their doctor by asking further questions. Our concern is that people don't take anything and are left unprotected and are not reducing their risk of fractures, so pharmacists could provide information on how to take treatments.

They may be able to advise people who take glucose-corticosteroids long-term and have not been assessed for their risk of osteoporosis, as well as older people who have fallen a number of times.

They can take part in Osteoporosis Month activities in June. As well as the national office, local NOS support groups can help co-ordinate activities.

Pharmacies can also display the NOS leaflet, *Are You Worried about Osteoporosis?* all year round which provides basic information plus how NOS can help.

They may wish to target particular groups of very high risk individuals such as women who are 75 plus and have risk factors for falling and also need some advice on their osteoporosis risk.

Osteoporosis is not a painful condition unless someone has suffered a fracture. These fractures, particularly in the spine, can lead to chronic pain, changes to body shape causing low self-esteem and loss of confidence in going out, particularly in icy weather or to crowded shops because of fear of falling and breaking more bones. Many of the calls we receive on our helpline are from older people with osteoporosis who are socially isolated because of this fear.

Pharmacists should also be aware of the potential changes in osteoporosis risk assessment expected this year. The World Health Organization is producing a 10-year risk assessment tool which NOS hopes will be used by Nice in its guideline on osteoporosis. This means some women may be diagnosed but may not have to go on treatment straight away if their 10-year risk of fracture is not too high. They will need support and information in making lifestyle changes, such as eating healthy balanced calcium-rich foods, not smoking and taking regular weight-bearing exercise.

Breakthrough Breast Cancer campaigns to ensure women have access to the best treatments and aims to promote awareness among the public, policymakers and healthcare professionals. Free risk factor books are available.
www.breakthrough.org.uk
tel: 08080 100200.
info@breakthrough.org.uk

Ovacome is a support group for people concerned with ovarian cancer, providing information on the condition and treatments.
www.ovacome.org.uk tel: 020 7380 9589

Cervical Cancer provides information on symptoms, diagnosis and treatment of cervical cancer. www.cervicalcancer.uk.com

Product news

Vagisil has extended its feminine care range with an odour control deodorising mist. Vagisil Mist is a powder-free hypoallergenic mist which its manufacturer, Combe International, claims provides intimate freshness without leaving marks on clothes.

Vagisil's Medicated Feminine Wipes, which gently cleanse vaginal areas without causing irritation, also join the range. With a special formulation of calendula, chamomile and an antibacterial, the soap-free wipes soothe and protect delicate skin.

The product launches are being accompanied by a television advertising campaign across the UK in March.

Combe International Ltd, tel: 020 8680 2711



The Aquaban range has been extended with a new product to help relieve premenstrual water retention.

Aquaban Herbal is a blend of natural ingredients designed to help maintain a normal fluid balance and relieve the discomfort of water retention.

Formulated by Lane Health Products, the combination of burdock root, uva uris and clivers, herbs long-known for their diuretic powers, helps restore the body's natural fluid balance, says Lanes.

The launch of Aquaban Herbal will be supported by a £700,000 television advertising campaign from May to July.

GR Lane Health Products Ltd, tel: 01452 524012

SCA Hygiene has launched a campaign to promote Bodyform's New Generation Ultra towels.

The campaign began in January and incorporates television, posters and press advertising, as well as a direct mail campaign to over 2.5 million homes. The New Generation Ultra Towels have been created using new SecureFit technology, enabling the towel to mould to a woman's body and stay in place for greater security. The new towels are wider at the front to prevent slipping out of place during use, while the back is shaped to move in the same way as the body.

SCA Hygiene Products Ltd, tel: 01582 677400

Wassen has added a thyroid boost to its multivitamin supplement to help women balance their hormones naturally.

Estroven now contains iodine as well as plant supplements to help boost flagging thyroid function. The natural supplement also contains folic acid, vitamin E and calcium to help raise energy levels and support the nervous system.

Reformulated Estroven supplement, £14.99 for a one month supply.

Wassen International Ltd, tel: 01372 379828



Eurax Skin itch dilemmas

Number 3

Itchy Dermatitis

Q A customer has come in with a very itchy rash all over her upper body after wearing a borrowed sweater. She has very sensitive skin and normally only washes her clothes in non-biological powder.

A This is probably itchy contact dermatitis.

- This usually only affects adults and occurs when the skin reacts to contact with a trigger e.g. , an allergy-provoking chemical or, substance - such as washing powder, perfume or soap
- Only the area which comes into contact with the trigger is affected

Recommend Eurax cream to deliver the sssh factor



Stop the itch



Soothe the discomfort



Sustain the effect



Hydrate the skin



Crotamiton 10%

Why Eurax

- Only treatment to contain crotamiton - gets to work quickly and effectively to soothe and moisturise
- Up to 10 hours relief
- Tried and trusted - No 1 in the anti-itch market. *IRI HBA All Outlets 52 w/e 26 November 2005.*
- Pleasant to use and easily absorbed

Eurax can relieve a wide range of winter skin irritations:

Dry eczema; dermatitis; allergic rashes; personal itching; Chickenpox

Legal category: GSL.

For more information contact the PL holder: Novartis Consumer Health, Horsham, RH12 5AB

Self-care challenge

The RPSGB has published its strategy on self-care this week. Jane Ellis outlines the contents



The Royal Pharmaceutical Society is calling on pharmacists to become more involved in helping patients manage their own health.

The Self Care Challenge: a strategy for pharmacists in England has been produced on behalf of a working group that was set up last year by the RPSGB to help develop a strategy for self-care.

As David Colin-Thomé, national clinical director for primary care at the DH, says in his foreword to the report: "Pharmacists have the knowledge and skills to help drive this agenda." He urges them to consider ways of forging stronger links with commissioners of services, health and care professionals, patients and the public to demonstrate the "significant contribution that pharmacy can make to enable people to better self-care".

A separate document, *Making the most of pharmacy: six steps to an integrated approach to self-care with pharmacy*, is aimed at primary care commissioners in England, with the aim of ensuring that they in turn make the best use of pharmacy.

The main report provides information on the practical steps that pharmacists can take in self-care such as:

- Linking with patient and public initiatives.
- Strengthening links in primary and secondary care.
- Developing the pharmacy team.
- Taking general measures.

The RPSGB says opportunities exist for developing self-care support in five key areas:

- Staying fit and healthy.
- Taking action to prevent illness.
- Achieving better use of medicines.
- Managing minor ailments.
- Improving care of long-term conditions.

Examples of schemes to encourage people to stay fit and healthy include a sexual health campaign run in pharmacies by Greater Glasgow health board and the installation of Healthpoint Technology kiosks at 30 community pharmacies in Gwynedd. Community pharmacists in Erewash PCT took part in a coronary heart disease risk assessment pilot to help prevent ill-health and Boots ran a weight loss programme across 100 of its pharmacies.

Ffion Johnstone and her colleagues at North West Wales NHS Trust developed a medicines

information card for patients to aid compliance and Pharmacy First, a scheme in Derby for referring patients with minor ailments to see a pharmacist rather than a GP, saved around 500 GP consultations a month.

Schemes to improve the care of long-term conditions include a service for patients diagnosed with coeliac disease run by 10 pharmacists within Bracknell Forest PCT.

The RPSGB says there are three main levels of self-care that pharmacists can support:

- Proactive self-care where the individual takes action to stay fit and pharmacists play a role in health promotion and signposting.
- Facilitated self-care where the individual buys medicine for a minor ailment and takes advice from the pharmacist on its use and how to self-manage the condition if it recurs.
- More supported self-care for individuals with long-term conditions and advice on medicines management.

Pharmacists can contribute to improving long-term conditions by providing accessible monitoring tests, urgent care and out-of-hours services and engage with practice based commissioning (PbC). They should also consider ways of influencing primary care trusts which decide who will provide services. A PCT local health needs assessment is useful in identifying gaps in patient care, as are attitudinal surveys of patients and the public, says the RPSGB.

Examples of self-care in primary/social care

- Health promotion
- Signposting
- Utilising new pharmacy-only (P) medicines
- Screening/diagnostic services
- Medicines use reviews
- Support for disabilities
- Full clinical medication reviews
- Minor ailment schemes
- Smoking cessation
- Domiciliary services
- Pharmacists with special interests
- Supplementary/independent prescribing
- Patient group directions for emergency hormonal contraception

In order to ensure that consistent messages are provided to patients and the public, each member of the pharmacy team must understand his/her role and responsibilities in supporting self-care.

The Society therefore suggests that pharmacists should consider nominating a member of staff to lead on self-care; identify any staff training needs on offering advice, for example, on smoking cessation, diet or exercise; and consider designating self-care roles to staff based on the essential, advanced and enhanced services specifications of the new pharmacy contract.

Other opportunities to develop self-care include:

- POM to P switches – more switches for long-term conditions could mean more people would consider going to pharmacies about common minor ailments and long-term conditions. Examples of this type of switch include chloramphenicol eye drops and simvastatin.
- Access to health information – for example by repackaging BestTreatments resources with a pharmacy angle or linking with NHS Direct self-help guides, kiosks and websites.

Pharmacists also need to improve their communication with other health professionals, make better use of pharmacists' knowledge of OTC medicines, and provide training sessions on OTC products for front-line staff. They could also set up minor ailment schemes for the treatment of acute self-limiting illness and offer a range of diagnostic tests, suggests the report.

Additional areas for development include schemes commissioned by the Working in Partnership Programme to evaluate the impact of an integrated approach to self-care and services under Alternative Provider of Medical Services and PCT Medical Services.

Work has begun on developing a national framework for pharmacists with special interest, which will enable suitably trained pharmacists to undertake extended roles and provide alternative services in specialised areas such as anticoagulant services, diabetes, dermatology and substance misuse.

There are also opportunities for pharmacy support staff to take on the role of NHS-accredited health trainers. ☺

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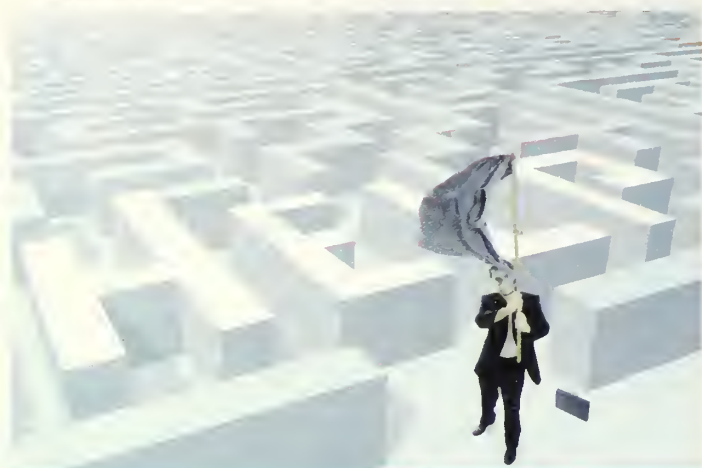
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Back ISSUES

Serving up **success**



Staff from Alliance Pharmacy have taken part in the world's biggest coffee morning to raise £10,000 for Macmillan Cancer Relief. Branches of Alliance Pharmacy across the country helped raise the money by serving tea and coffee for customers. Some team members even came to work in fancy dress, held raffles and served cakes. Pictured from the left are Tricia Kennerly, Alliance's chief services officer, Diana Edmunds, account manager at Macmillan Cancer Relief, and Alliance's Caroline Burt and Terry Scicluna, chief operating officer

Stay **happy**, live **longer**

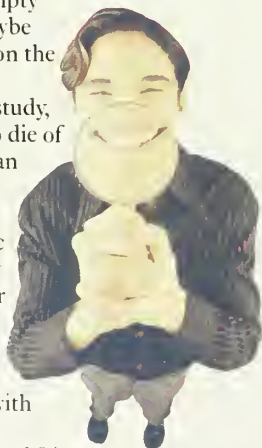
Are you a 'glass is half empty' kind of person? If so, maybe you should learn to look on the bright side of life.

According to a Dutch study, optimists are less likely to die of heart disease or stroke than pessimistic people.

A study of 545 men found the most optimistic were around half as likely to die from cardiovascular disease. Researchers said this could be because optimists exercise more and are better at coping with adversity.

Men aged between 64 and 84, who were followed for up to 15 years, were asked to fill in questionnaires by researchers at the Delfland Institute of Mental Health. Those classed as optimists in 1985 were found to be 55 per cent less likely to die of heart disease or stroke by 2000, after factors such as family history and smoking were taken into account.

However, it's not all bad news for the gloomy people among us – pessimists could reduce their risk of heart and stroke problems by becoming more active and smoking less.



In the **name** of **science**

Scientists have infected themselves with a tropical hookworm to investigate whether the parasite could provide a cure for asthma and hayfever.

Researchers at Nottingham University wanted to see if there would be any side effects from the worm, which they believe will reduce allergic reactions.

Each scientist stuck some hookworm larvae onto their skin with a plaster, allowing it to enter the bloodstream and make its way into the intestine, where they would lay eggs.

Adult hookworms start to suck blood from the walls of the intestine. Scientists believe this infection causes an immune response which reduces the over-reaction of the rest of the immune system, something which usually causes people with allergies to develop symptoms.



You're **fired!**

The pharmacist who dreamt of becoming Sir Alan Sugar's next apprentice has been given the chop from the BBC's hit show.

Nargis Ara, a PhD student with a degree in pharmacy, lost *The Apprentice* after her team failed to win this week's gruelling business task.

A member of RPSGB and a locum for prisons and hospitals, Nargis led her team in creating a charity calendar for the Great Ormond Street Hospital Appeal.

However, sales of the girls' kitten calendar failed to match the boys' impressive calendar sales, and after a bitter argument in the boardroom Sir Alan delivered his famous catchphrase to Nargis.

Working for Sir Alan may sound sweet, but being fired was a bitter pill for Nargis to swallow.



Appoin **ments**

David Fisher has joined the Association of the British Pharmaceutical Industry as commercial director. Mr Fisher has 25 years' experience of the pharmaceutical industry in the UK and USA and joins the ABPI from Maritz, where he was European sales director.

Mr Fisher's role will include expanding patient access to innovative medicines, as well as improving working relationships across the NHS.

Comvita UK has appointed **Simon Potheary** as general manager. Mr Potheary has considerable knowledge of the UK cold, flu and allergy markets, having held senior marketing positions with GlaxoSmithKline and Pfizer.

Duncan Costin has been appointed to the executive of United Co-op Health Care as group acquisition and development manager. Mr Costin's responsibilities will include business acquisitions, property and healthcare development and all aspects of NHS contract management. Before joining United in 2004, Mr Costin held senior positions at Boots and ran his own property business.

Markham Systems has appointed **Jim Dodd** as UK sales manager. Mr Dodd has worked for the company in America for 18 years, where he started as a field sales representative. He has been Eastern USA regional sales manager for five years.

Paddy Chubb has become Neolab's sales director. Mr Chubb was previously the company's commercial manager.

RoboPharma UK has appointed **Neil Clifford** as UK general manager. Mr Clifford has extensive experience in supplying the NHS, with over 10 years' experience as a director for hospital appliances supplier Calomax.

pharmacy **travel**



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Rules 1. This competition is open to any pharmacist or permanent member of staff who works at an address which receives either C&D or Community Pharmacy 2. Competitors may enter through C&D or Community Pharmacy, but may only submit one entry. Double entry will disqualify both entries. 3. Entries must be on an original coupon from C&D or Community Pharmacy, and to be eligible for the prize entrants must correctly answer the question on the coupon. 4. The prize offered will be as stated. No alternative holidays or cash prizes will be offered. 5. Names of winners will be published in C&D and Community Pharmacy. 6. In any dispute, the decision of CMP Information Pharmacy Group's publishing director will be final and no correspondence will be entered into. 7. Employees of CMP Information Ltd, Holidaysaver and trading divisions and their immediate families are forbidden to enter. 8. No purchase is necessary to participate. 9. The closing date for this month's competition is as printed on the entry coupon

travel **offer**

Entry coupon Mar1106CD

Closing date April 1, 2006

Q Which organisation published its strategy for self care this week?

A

Full name

Full pharmacy name and address

Post Code

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